

**KASBO SCHOLARSHIP
COUNSELOR VERIFICATION**

Scholarship Applicant: Please provide this form to your school counselor, as soon as possible, to allow for timely completion.

I give my consent for the release of the following information to the KASBO Scholarship Committee.

Student Name (please print): _____

Student Signature: _____ Date: _____

Parent or Legal Guardian Signature: _____ Date: _____

Counselor: Please provide the student's highest test scores, GPA & difficulty of course load. The completed form needs to be sealed in an official envelope and given to the student to mail with their application. Applications must be received by February 28, 2012.

Counselor Name: _____ Phone: _____

ACT: Composite _____ Percentile _____

PSAT: Selection Index _____ Percentile _____

SAT: Year Taken _____ Verbal _____ Math _____

GPA (Unweighted/Based on 4.0): _____

Please circle the difficulty of course load below:

1. This student has taken only the required curriculum, in lower level classes, and has not selected any academic subjects as electives.
2. The student has taken at least one honors or advanced class or at least one class in the higher level, if honors or advanced not available, and has not selected academic subjects as electives.
3. This student has taken at least two honors or advanced courses or two courses in the higher level of courses, if honors or advanced not available. Student must have taken some academic courses as electives.
4. This student must have taken three or more honors or advanced courses or three or more courses in the higher level courses, if honors and advanced not available. Student must have taken selected academic courses as electives
5. This student has taken honors or advanced courses in most/all subjects offered or highest level of courses offered in those schools without honors or advanced courses. Student must have chosen academic courses as electives.