

***Will Rogers Elementary School PTO***  
**Scholarship Academic Record Form**

*To be completed by your high school counselor*

**Applicant's Name** \_\_\_\_\_

**7<sup>th</sup> Semester Cumulative GPA** \_\_\_\_\_

**7<sup>th</sup> Semester Cumulative Class Rank** \_\_\_\_\_ **of** \_\_\_\_\_

**ACT Composite Score** \_\_\_\_\_

**SAT Score**    **Verbal** \_\_\_\_\_    **Math** \_\_\_\_\_

\_\_\_\_\_  
*Signature of Counselor*

\_\_\_\_\_  
*Date*