**TRANSCRIPT AND SCHOOL RECORD SUBMISSION**

**TO HIGH SCHOOL STUDENTS:** Sign below and give this form to your School Official/Guidance Counselor. Have him/her complete the Official School Record section below and attach a copy of your current transcript. If college admission test scores are not included on the transcript, submit a copy of the student report of scores. The School Official/Guidance Counselor should mail your transcript and test scores directly to The Community Foundation. Transcripts must arrive before the March 15 deadline or your application will be viewed as incomplete and will not be reviewed.

|  |  |
| --- | --- |
| Student Name |  |

**I hereby give permission for my high school counselor to release my official school transcript and student report of test scores directly to The Community Foundation of Middle Tennessee by the deadline of March 15.**

|  |  |  |  |
| --- | --- | --- | --- |
| Signature |  | Date |  |

**OFFICIAL SCHOOL RECORD**

**TO SCHOOL COUNSELORS**: Please complete the information below. An official school transcript and student report of test scores must be submitted directly to The Community Foundation. School records must arrive before the March 15 deadline or the application will be viewed as incomplete and will not be reviewed. **Please make sure the transcript is readable AND includes a class schedule for this year and a copy of the student report of college admission test scores if not included on the transcript**.

**You may email the transcript and test scores directly to The Community Foundation at** [**grants@cfmt.org**](mailto:grants@cfmt.org)**.**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Check one: | | Public High School | | | | | Private High School | | | Special/Magnet School | | Home School | | |
| Cumulative GPA | | |  | on a | | |  | scale, covering a period from | | |  | to |  | . |
| This GPA is  weighted  unweighted. | | | | | | The school’s passing mark is | | |  | | | | | . |
| Total in Class |  | | | |

**Standardized Test Scores:**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ACT: Date Taken |  | Composite Score | |  | |  | |  |  |
| SAT: Date Taken |  | Verbal |  | | Math | |  | |  |
| If this student is a resident of the State of Tennessee, would he/she qualify for the Tennessee HOPE Scholarship?  YES  NO | | | | | | | | | |

**SCHOOL OFFICIAL/GUIDANCE COUNSELOR VERIFICATION OF STUDENT RECORD**

I certify that all the information on this form is true and complete to the best of my (our) knowledge. If asked by any authorized official of The Community Foundation of Middle Tennessee, I (we) agree to give documentation for information given on this form.

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name (print) |  | | | | Title |  | | | | Date |  |
| School |  | | | | | | | | | | |
| Address |  | | | | | | | | | | |
| City |  | State |  | Zip |  | | Email |  | | | |
| Signature |  | | | Phone |  | | | Fax |  | | |

**TRANSCRIPTS AND STUDENT TEST SCORES SHOULD BE SUBMITTED BY MARCH 15 TO:**

**The Community Foundation of Middle Tennessee**

**3833 Cleghorn Ave Ste 400 – Nashville TN 37215**

**615-321-4939 or toll-free 1-888-540-5200**

**Email:** [**grants@cfmt.org**](mailto:grants@cfmt.org)