

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.

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**