

School Name: \_\_\_\_\_ CEEB Code: \_\_\_\_\_

Address: \_\_\_\_\_  
Street/P.O. Box City State ZIP

Principal: \_\_\_\_\_

Junior Guidance Counselor: \_\_\_\_\_

Date of High School Awards Day: \_\_\_\_\_

High School Telephone # ( ) \_\_\_\_\_ Fax# ( ) \_\_\_\_\_

County in which high school is located \_\_\_\_\_

**PLEASE PRINT OR TYPE AND USE EACH JUNIOR'S HOME ADDRESS.**

*Note: PSAT/SAT (CR & MATH) SHOULD BE AT LEAST 1200, ACT COMPOSITE SHOULD BE AT LEAST 27, AND STUDENTS NEED TO BE RANKED IN THE TOP 10% OF THEIR CLASS. PLEASE INDICATE MALE OR FEMALE.*

1. Complete Name: Mr./Ms. \_\_\_\_\_  
First Middle Last Preferred

Street/P.O. Box \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP \_\_\_\_\_

Cumulative Average: \_\_\_\_\_ PSAT/SAT/ACT CR \_\_\_\_\_ MATH \_\_\_\_\_ TOTAL \_\_\_\_\_ ACT Composite \_\_\_\_\_  
 (Please Circle one)

2. Complete Name: Mr./Ms. \_\_\_\_\_  
First Middle Last Preferred

Street/P.O. Box \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP \_\_\_\_\_

Cumulative Average: \_\_\_\_\_ PSAT/SAT/ACT CR \_\_\_\_\_ MATH \_\_\_\_\_ TOTAL \_\_\_\_\_ ACT Composite \_\_\_\_\_  
 (Please Circle one)

3. Complete Name: Mr./Ms. \_\_\_\_\_  
First Middle Last Preferred

Street/P.O. Box \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP \_\_\_\_\_

Cumulative Average: \_\_\_\_\_ PSAT/SAT/ACT CR \_\_\_\_\_ MATH \_\_\_\_\_ TOTAL \_\_\_\_\_ ACT Composite \_\_\_\_\_  
 (Please Circle one)

4. Complete Name: Mr./Ms. \_\_\_\_\_  
First Middle Last Preferred

Street/P.O. Box \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP \_\_\_\_\_

Cumulative Average: \_\_\_\_\_ PSAT/SAT/ACT CR \_\_\_\_\_ MATH \_\_\_\_\_ TOTAL \_\_\_\_\_ ACT Composite \_\_\_\_\_  
 (Please Circle one)

Name of local newspaper: \_\_\_\_\_

Submitted by: \_\_\_\_\_  
Name Title