Record: **in completing this portion of the form, it is not necessary to use the Class Record spaces provided if you prefer to use our standard transcript form. It is important however, that the questions preceding the Class Record forms be answered and that the paper be signed in the space provided at the bottom.**

Name: _____
(last) (first) (middle)

School: _____ Entrance Date: _____
(month and year)

_____ Graduation Date: _____
(location) (month and year)

Former secondary schools attended: _____

Class Periods are _____ minutes _____ times a week _____ weeks a year. Passing mark is _____ Mark for college recommendation is _____

Complete marking system, highest to lowest: _____ Honor marks _____

Rank in Class - Please fill in (A) or (B):

A.) If you compute a rank in class based on a student's average grades, please indicate his/her most recently computed numerical rank here:

☐Student ranks ____ (1 is the highest rank) in a class of _____ students. *

☐ High School Average _____
☐National Merit Scholarship Score _____
☐Scholarship Score _____
☐Approximate date of Graduation? _____

B.) If you are unable to compute a rank in class based on the student's average grades, please make your best possible estimate of how high he/she ranks academically. Please, do not include percentages such as top 5%.

☐Estimate of student's specific numerical rank ____ (1 is the highest rank) in a graduating class of _____ students. *

☐ **Typicalness of class** - Would this student have had about the same rank in class, had he/she been in other recent classes graduated from
☐your school?
☐ ☐Yes ☐No, would probably have ranked higher.
☐No, would probably not have ranked quite so high.

*** It is necessary and required that student's specific rank in class is stated [see(A) or (B)], and that subjects in senior year are specified under class record (below). If additional space is required, add an addendum to this form.**

Class Record or attach copy of Transcript

Notes: A unit represents the study of a subject a full school year, four or five periods a week, or the equivalent. If no marks are given, check equivalent. One unit equals two credits, unless defined otherwise. Please cross out whichever term does not apply. Specify laboratory periods, variations in the time allowance for subjects, or any other information needed to interpret this record. If a school does not use makrs., enter here an estimate of success achieved.

Grade			9	10	11	12	Courses	Extra	Extra
Year			20	20	20	20	In Progress		or Credits
Special lab, periods	Y	N							

Date _____ **Signature of Principal** _____

HILL 4-11 ASSOCIATION SCHOLARSHIP

Fill out and mail to: Ed Grabowski
Hill 4-11 Scholarship Fund
95 Meadow Street
Rutland, VT 05701-4321

Note: Fill out the first two lines and then give this form to your principal.

Name of Student: _____
(Please Print) (last) (first) (middle)

School: _____
(Please Print) (name) (city) (state) (zip code)

Secondary School Report

Dear Principal or Headmaster:

The Student whose name appears above is an applicant for a college scholarship. As a part of the selection process, it is necessary, to request carefully considered character and ability ratings made by a faculty member who knows the student well, and a record of the student's academic performance in secondary school. The information will be used in connection with the selection of the scholarship recipients and will not be divulged except to qualified persons who must see it in the course of their duties.

This form should be signed by the rater at the bottom of the third page and by the principal at the bottom of the last page. It is important to the student that the form be mailed for receipt before 31 May _____ so as to include the first senior grades.

Please give complete information and limit your answers to the spaces provided wherever possible, particularly rank-in-class and high school average in order to avoid further correspondence.

Thank you for your cooperation.

☐ ☐ ☐ ☐ ☐ ☐ ☐Greg Smith, President
☐ ☐ ☐ ☐ ☐ ☐ ☐ **Hill 4-11 Association of Vietnam Veterans**☐ ☐

Name of Principal: _____
(Please Print) (last) (first) (middle)

Who is rating the Student?

Name: _____ Length of relationship: _____

Relationship: _____ If teacher, please: _____
(e.g. principal, teacher, counselor) state subject.

Are you confident that the student will receive his/her school diploma during the current academic year?

Yes ☐ No ☐ If no, please explain: _____