

THE CAUSE FOUNDATION/BERNI SCHAFER MEMORIAL SCHOLARSHIP PROGRAM

HIGH SCHOOL CERTIFICATION FORM

Apj	plication Deadline: February 15
	be completed by the applicant's high school principal or advisor/counselor. All supplementary terials must be securely attached to this form.
1.	Name of Applicant:
2.	Name of high school:
3.	Address of high school:
4.	Entrance date of applicant at this high school:
5.	Anticipated date of graduation:
6.	At the close of the most recent term of the 12 th year, the applicant ranked numberfrom the top in a class of (If school policy prohibits release of specific class rank, indicate percentile ranking in class:%)
7.	At the close of the most recent term of the 12 th year, the applicant's GPA (on a 4.0 scale)
8.	In your opinion, has the student been working up to his/her true level of ability? YESNO
9.	In your judgement, is this applicant adequately prepared for college level work? YESNO
10.	Type of courses taken by the applicant (General, College Preparatory, Health Occupations, etc
11.	Please attach an official high school transcript to this certification form.
12.	If the student has taken national achievement tests and scores of these have not been entered on the transcript, please attach copies of these test scores to the transcript.
13.	On the reverse side of this form, please describe the applicant's character, ambition to succeed, academic and leadership abilities. Feel free to add other information which you feel might assist the selection committee.
Nar	meTitle
Ado	dress Telephone ()
Sio	nature Date

Please place this completed form in a <u>sealed envelope</u> and give it to the applicant for submission with his/her scholarship application.