

**SCHOOL COUNSELOR FORM – SONESON SCHOLARSHIP**

**NOTE to School Counselor-please complete this form and return it to the student along with an OFFICIAL TRANSCRIPT through the latest SPRING semester.**

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**Applicant's Name:**

FN \_\_\_\_\_ MI \_\_\_\_\_ LN \_\_\_\_\_

**Senior Year:**

Percentile of graduating class \_\_\_\_\_ %

Applicant Ranks \_\_\_\_\_

in a class of \_\_\_\_\_

**Junior Year:**

Percentile of graduating class \_\_\_\_\_ %

Applicant Ranks \_\_\_\_\_

in a class of \_\_\_\_\_

**Cumulative Grade Point Average**

Weighted \_\_\_\_\_ /4.0 scale

Unweighted \_\_\_\_\_ /4.0 scale

School Official's Signature: \_\_\_\_\_

School Official's Print Name: \_\_\_\_\_

Title: \_\_\_\_\_ Phone #: (\_\_\_\_\_) \_\_\_\_\_

School Official's Email: \_\_\_\_\_