



**Dr. Tsujio Kato Memorial Scholarship
2016 Application**

**HIGH SCHOOL RECORD REQUEST FORM
INSTRUCTIONS**

APPLICANT:

1. Complete the "TO" and "FROM" section of this form.
2. Give this form to the guidance office of the high school you presently attend.

TO: Guidance Office

_____ HIGH SCHOOL

ADDRESS: _____ CITY _____ ZIP CODE _____

FROM:

APPLICANT NAME _____

YEAR OF HIGH SCHOOL GRADUATION _____ SS# _____

E-MAIL ADDRESS _____

To comply with the provisions of the **Family Educational Rights and Privacy Act of 1974**, permission is hereby given to school officials to release the secondary school record and other requested information.

APPLICANT'S SIGNATURE _____ DATE _____

GUIDANCE COUNSELOR: The student named above is applying for a scholarship. Please follow the instructions below.

► **Staple to this form** a copy of the applicant's high school record. Be sure that the applicant's class rank (if applicable) and test scores appear on the record, and include seven semesters of grades.

► **Fill in the blanks below** with the requested information.

► **Sign the certification below.**

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APPLICANT'S GPA _____

APPLICANT'S CLASS RANK _____ NUMBER OF STUDENTS IN THE CLASS _____

ACT (COMPOSITE) _____ SAT-VERBAL _____ SAT-MATH _____
(DO NOT USE PERCENTILES)

Please attach the applicant's high school record to this form before the application deadline of April 10, 2016 and return to the student (in sealed envelope if necessary). The student must include it with their Dr. Tsujio Kato Memorial Scholarship application as instructed.

I certify the above information is correct:

COUNSELOR'S SIGNATURE _____

OFFICE PHONE NUMBER (____) _____