

Hughes Alumni Foundation Scholarship Grade Point Average Certification Form

TO BE COMPLETED BY THE APPLICANT

Applicant's Full Name: _____

Graduation date: _____

Date of Birth: _____

Release of Information

I grant permission to release all information regarding Grade Point Average Certification or other application-relevant concerns to the scholarship grantors of the Hughes Alumni Foundation as deemed necessary by the Hughes Alumni Foundation. I also authorize the scholarship grantors to share this information for the purposes of recruitment, public Relations, possible employment, or any other related activity.

Signature of
Applicant: _____ Date: _____

TO BE COMPLETED BY THE RECORDS DEPARTMENT (SEE MS. LINDA STIFEL)

I certify that the above has a cumulative grade point average on a scale of 4.00

of _____

Signature and Seal of Authorized Official: _____

Date: _____

School Official's Title and School Stamp:

Phone Number: _____