



2010-11 Academic Year
 DELAWARE OPEN CROSS COUNTRY CHAMPIONSHIP SCHOLARSHIP
 High School Academic Record Report and Transcript Request

All application materials must be received by 4:30 p.m. on November 6, 2009.

Applicant:

Please sign below and give form to your high school guidance counselor or principal to complete.

I give permission to release information about my high school grades and test scores to the Delaware Higher Education Commission for evaluation of my application for scholarships or grants administered by the Commission.

Name _____
please type or print

Signature _____ Date ____ / ____ / ____

Social Security Number ____ - ____ - ____

High School Guidance Counselor or Principal:

The above student is applying for scholarships or grants administered by the Delaware Higher Education Commission.

Please provide the academic information requested below and an official high school transcript.

Rank in class ____ of ____

If numerical rank is not calculated at your school, please report standing in estimated decile, quartile, or finest distinction possible: _____

SAT or ACT Scores

Date of Tests	Verbal Score	Math Score	Writing Score

Name of high school _____ Phone (____) - ____ - ____
please type or print

School official _____ Title _____
please type or print

Signature _____ Date ____ / ____ / ____

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Delaware Higher Education Commission
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