

2023 DEALER SONS & DAUGHTERS SCHOLARSHIP PROGRAM

HIGH SCHOOL TRANSCRIPT FORM

Foundation

SECTION A Applicant is to complete this section (in English) and forward to high school.

Applicant Name	Phon	e Number	Email	
Employee (Parent Name)		ership Name	City	Email
STUDENT/PARENTAL CONS	ENT TO RELEASE INFORM	ATION		
According to the Federal Family Right consent of the student if he/she is 18 Brunswick Dealer Sons & Daughters this form. "I, hereby, consent to allow requested below and contained herein	years of age or older, or the consen Scholarship Program Application, th my (son's/daughter's) school to rele	t of his/her parent if the is consent form must be ease all pertinent schola	student is under the age of 18 signed prior to the high scho astic and educational informations.	B. Therefore, to complete The ol official completing SECTION B of on regarding me (my son/ daughter)
Applicant Signature			Date	
Parent / Guardian Signature (if applica	, ,		Date	
SECTION B	======= APPLICANT: D	O NOT WRITE BELOW	THIS LINE	
	ficial: please complete the followi s used, in a sealed envelope by 3/		nt official high school transc	cript, and grading scale if other than
Class rank out of	Cumulative GPA	(on a 4.0 scale o	r include grade comparison)	weighted unweighted
ACT Scores: English:	Math:	Reading:	Science:	Composite:
Date ACT Taken _	(Month/Year)			
SAT Scores: Evidence-Based Reading and Writing:		N	fath:	Total:
Date SAT Taken	/(Month/Year)			
	,	ach a current official l	nigh school transcript and g	rading scale in a sealed envelope by
Class rank out of	Grade Average			
School Official:				
Print Name	Signature		Date	Title
School Name	ne Email		Phone Number	
School Address	City		State/Province	Zip/Postal Code Country

Completed form, along with an official school transcript, should be submitted by March 13, 2023 to:

The Brunswick Dealer Sons & Daughters Scholarship Program, PO Box 648, Naperville, IL 60566