



Transcript Request Form  
for High School Records

Kentucky Grocers Education Foundation  
512 Capitol Avenue  
Frankfort, KY 40601  
502-696-9153

**DEADLINE**  
**APRIL 1, 2017**

You must arrange for your high school to submit to Kentucky Grocers Education Foundation an official transcript and ACT or SAT scores. **High school records are needed for all scholarship applicants regardless of the applicant's year in college.** Fill out the form completely and mail or take to the High School Guidance Office of your graduating school. Electronic submissions are accepted by email (directly from the school), ted@kgaonline.org or have your school mail the documents to the address below.

Electronic submissions are accepted by email (**directly from the school**) to ted@kgaonline.org or have your school mail the documents to the KGEF office.

**Part I – High School**

Name of High School: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Part II – Student**

Name: \_\_\_\_\_ (Maiden Name if applicable): \_\_\_\_\_

Last four Social Security #: \*\*\*-\*\*-\_\_\_\_\_ Year of high school graduation: \_\_\_\_\_

Current address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**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 above student is applying for a scholarship, please:

1. Attach a copy of the student's high school records including:
  - a. Official transcript
  - b. ACT or SAT scores
2. Complete boxes (at bottom) with requested information.
3. Sign, print and date certification below.

| GPA | ACT (Composite) | SAT Critical Reading | SAT Math | SAT Writing |
|-----|-----------------|----------------------|----------|-------------|
|     |                 |                      |          |             |



Transcript Request Form  
for High School Records

Kentucky Grocers Education Foundation  
512 Capitol Avenue  
Frankfort, KY 40601  
502-696-9153

**DEADLINE**  
**APRIL 1, 2017**

Counselor's Name: \_\_\_\_\_ Counselor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 \_\_\_\_\_ Office Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_

| GPA | ACT (Composite) | SAT Critical Reading | SAT Math | SAT Writing |
|-----|-----------------|----------------------|----------|-------------|
|     |                 |                      |          |             |