



### HIGH SCHOOL TRANSCRIPT FORM

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

Applicant Name Phone Number Email

Employee (Parent Name) Dover Operating Company City Email

### STUDENT/PARENTAL CONSENT TO RELEASE INFORMATION

According to the Federal Family Rights and Privacy Act of 1984, no information about a student's academic performance may be disclosed without the written consent of the student if he/she is 18 years of age or older, or the consent of his/her parent if the student is under the age of 18. Therefore, to complete The Dover Foundation Sons & Daughters Scholarship Program Application, this consent form must be signed prior to the high school official completing SECTION B of this form. "I, hereby, consent to allow my (son's/daughter's) school to release all pertinent scholastic and educational information regarding me (my son/ daughter) requested below and contained herein to properly complete The Dover Foundation Sons & Daughters Scholarship Program Application."

Applicant Signature Date

Parent / Guardian Signature (if applicant is under 18 years of age) Date

----- **APPLICANT: DO NOT WRITE BELOW THIS LINE** -----

**SECTION B** High School Official: please complete the following and attach a current official high school transcript in a sealed envelope by 2/21/2017.

Class rank \_\_\_\_ out of \_\_\_\_ Cumulative GPA \_\_\_\_ / 4.0 scale (If scale is not 4.0, please include grade comparison explanation)

ACT Scores: English: \_\_\_\_ Math: \_\_\_\_ Reading: \_\_\_\_ Science: \_\_\_\_ Composite: \_\_\_\_

Date ACT Taken \_\_\_\_/\_\_\_\_(Month/Year)

SAT Scores: Critical Reading: \_\_\_\_ Math: \_\_\_\_ Writing: \_\_\_\_ Total: \_\_\_\_

Date SAT Taken \_\_\_\_/\_\_\_\_(Month/Year)

**INTERNATIONAL STUDENTS ONLY:** Predicted university entrance examination results for:

International Baccalaureate A-level examinations Matura Other National Exam \_\_\_\_\_

If actual examination results are available, please enter them in the box below.

High School Official:

Print Name Signature Date Title

High School Email Phone Number

School Address City State Zip

Completed form, along with an official high school transcript, should be submitted by February 21, 2017 to:

**The Dover Sons and Daughters Scholarship Program, PO Box 648, Naperville, IL 60566**

Overnight deliveries (FedEx, DHL, etc) should use the following shipping address:

The Dover Sons and Daughters Scholarship Program, 552 S. Washington Street, Suite 202, Naperville, IL 60540