**Dr. JOSEPH A. MILLER SCHOLARSHIP**

Complete the following and hand in with your completed application:

APPLICANT’S NAME:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 First Middle Last

High School Academic GPA\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Cumulative Gr 9, 10, & 11)

Grade 12 GPA to date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Indicate highest score on the ACT and/or SAT test:

ACT Composite Score\_\_\_\_\_\_\_\_\_\_\_ ACT Test date\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SAT Critical Reading\_\_\_\_\_\_\_\_\_\_\_\_ SAT MATH\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SAT Writing\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SAT test date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signed Application:** Once you have completed the application, it must have the following three(3) signatures:

Applicant Signature

In submitting these forms, I certify that all information submitted in support of my application in complete and accurate to the best of my knowledge

(Applicant Signature) DATE

Parent/Guardian Approval

I certify that the information provided by the applicant is complete and accurate to the best of my

Knowledge

(Parent/Guardian Signature) DATE

School Official Certification (Guidance Counselor)

I certify that the information provided by this applicant is complete and accurate to the best of my knowledge. This student is in good standing with the school.

GUIDANCE COUNSELOR DATE