



Scholarship Applications
Phone: 615-889-0136

P.O. Box 290427
Nashville, TN 37229

High School Record Request Form

Instructions:

1. TGEF must have high school records for all applicants regardless of the applicant's year in college.
2. Please complete all information and hand deliver or mail to the high school guidance office of your graduating school.
3. Please allow 3 to 5 working days for the high school to process requests.
4. Applicant is responsible for making sure all documents reach TGEF. Incomplete applications will not be considered.
5. TGEF must receive transcripts by **March 7, 2008**.

Student Information:

Social Security Number: _____ Date of Birth: _____

Name: _____
Last First Middle Maiden

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email address: _____

Graduation Year: _____ Transcript should be sent by: **March 7, 2008**

To comply with the provisions of the Family Educational Rights and Privacy Act of 1974, as amended (FERPA), permission is hereby given to school officials to release student secondary records and other requested information.

Applicant's signature: _____ Date: _____

Guidance Counselor:

The student above is applying for a scholarship. Please:

1. Attach a copy of the student's records and transcripts.
 - a. High School Transcript
 - b. ACT/SAT Scores
 - c. Other testing scores
2. Complete boxes (on right) with requested information.
3. Sign & Print certification below.

I certify that all of the information on this form is correct, and student's requested information is included.

Signature

Print Name

Date

Office Phone (_____) _____

Public HS <input type="checkbox"/>	GPA	
	Class Rank	
Private HS <input type="checkbox"/>	# in Class	
	ACT (Comp)	
Special or Magnet HS <input type="checkbox"/>	SAT-CR (not %)	
	SAT-M (not %)	
	SAT-W (not %)	

Mail Transcript & Records To:
Tennessee Grocers Education Foundation
Attn: Jennifer Kemp
P.O. Box 290427
Nashville, TN 37229-0427
Phone: (615) 889-0136