

## School Report Form

### SECONDARY SCHOOL REPORT

Please Type

Student's Name \_\_\_\_\_  
(First) (Last)

Name of High School \_\_\_\_\_ District \_\_\_\_\_

In compliance with the Family Educational Right and Privacy Act of 1974, I authorize my high school to release a copy of my transcript and to complete the information requested.

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Date)

### THIS REPORT TO BE COMPLETED BY SCHOOL ADMINISTRATOR OR GUIDANCE COUNSELOR

Evaluator's Name \_\_\_\_\_

Evaluator's Title \_\_\_\_\_

Number of Students in the Graduating Class \_\_\_\_\_

Please explain your marking system:

## Standardize Test Scores

### SAT Score

SAT English Score \_\_\_\_\_

SAT Math Score \_\_\_\_\_

(Optional) SAT Writing Score \_\_\_\_\_

Applicant's Total SAT Score \_\_\_\_\_

### ACT Score

ACT English Raw Score \_\_\_\_\_

ACT Mathematics Raw Score \_\_\_\_\_

ACT Reading Raw Score \_\_\_\_\_

ACT Science Raw Score \_\_\_\_\_

Applicant's Total Scale Score \_\_\_\_\_

PLEASE ENCLOSE AN OFFICIAL TRANSCRIPT WITH THIS FORM

# Application for Scholarship (Page 2)

1. Is the applicant in an accelerated or honors program? \_\_\_\_\_ (If yes, please list & describe)

2. List any off-campus or independent study programs the student has participated in:

3. List the co-curricular activities in which the student participates:

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(Signature of Evaluator)

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(Date)

**Return form by March 31st to:** Scholarship Committee, Council of Administrators and Supervisors,  
888 Veterans Highway, Suite 220, Hauppauge, New York 11788 or to [casinfo@caslongisland.com](mailto:casinfo@caslongisland.com)