# Members' Child-Academic Report for the BCTGM Scholarship Program

**Legal Name of Student** **Program Code 0404**

| | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | | | | | | | | | | | | | | | | |

LAST (please print one letter per box) FIRST

**AUTHORIZATION**

To comply with the provisions of the Family Educational Rights and Privacy Act of 1974, a school must obtain signed authorization before it can release student information for use in this scholarship program.

Permission is hereby given to high school or college officials to release the secondary school or college record and other requested information for consideration in the above-named scholarship program.

Student's signature_____ Date_____

**NOTE: It is your responsibility to ensure that your high school or college releases this information to us by the deadline.**

Parent's or legal guardian's signature (if a minor)_____ Date_____

**High School:**

| | |
|---|---|
| Name | |
| Street Address | |
| City/State | |

School Principal's/Administrator's Name_____

**NOTE FOR THE EDUCATION PROFESSIONAL**

The above-named student is an applicant for a scholarship. To process the application, we need the following: a carefully considered **character and ability estimate** by a teacher or administrator who knows the student well, and a **transcript** of the student's academic record. This information will be used only in connection with the selection of scholarship recipients and will be seen only by qualified persons involved in the selection process.

The evaluator should sign this report form at the bottom of Page 3. Complete information should be given wherever possible and answers limited to the spaces provided. **Please type or write in black ink.**

| | |
|---|---|
| Student's Class Rank | |
| How Many Students in Class | |
| Student's Grade Point Average | |
| GPA Based on How Many Semesters | |
| GPA Equivalent to what Letter Grade | |

Please specify any strong evidence of leadership ability that the student has shown.

Describe any exceptional talent or originality in any specific field such as art, music, science, literature, mathematics, or industrial arts.

| Please describe the student's principal strength | Please describe the student's principal weakness |
|---|---|
| | |

Sometimes special circumstances should be considered when evaluating a student's achievement record and test scores. If, in your opinion, this student may have been handicapped by any such circumstances, please specify.

As the designated school official completing this recommendation, please be sure to describe carefully and completely the special qualities and abilities of this student. This recommendation will be essential to the consideration given each candidate in the competition. Please be as specific as possible.

**Certification by Designated Administrator/Teacher**

| | |
|---|---|
| Name of Designee | |
| Relationship to Student | |
| If Teacher, please state subject | |
| Length of Relationship | |

_____ _____ _____

Date Evaluator's signature Title

**RETURN THE COMPLETED**

- **ACADEMIC REPORT,**
- **TRANSCRIPT OF GRADES**

**Bakery, Confectionery, Tobacco Workers and Grain Millers International Union**
**Attn: Scholarship Office**
**10401 Connecticut Avenue**
**Kensington MD 20895-3961**

**Phone: 301-692-2878**
**E-mail: jmarques@bctgm.org**

OPEIU 2