

**THE CAUSE FOUNDATION/BERNI SCHAFFER MEMORIAL
SCHOLARSHIP PROGRAM**

HIGH SCHOOL CERTIFICATION FORM

Application Deadline: February 15

To be completed by the applicant's high school principal or advisor/counselor. All supplementary materials must be securely attached to this form.

1. Name of Applicant: _____
2. Name of high school: _____
3. Address of high school: _____
4. Entrance date of applicant at this high school: _____
5. Anticipated date of graduation: _____
6. At the close of the most recent term of the 12th year, the applicant ranked number _____ from the top in a class of _____. (If school policy prohibits release of specific class rank, indicate percentile ranking in class: _____%)
7. At the close of the most recent term of the 12th year, the applicant's GPA (on a 4.0 scale) _____
8. In your opinion, has the student been working up to his/her true level of ability? YES ___ NO ___
Please comment: _____
9. In your judgement, is this applicant adequately prepared for college level work? YES ___ NO ___
10. Type of courses taken by the applicant (General, College Preparatory, Health Occupations, etc.) _____

11. **Please attach an official high school transcript to this certification form.**
12. **If the student has taken national achievement tests and scores of these have not been entered on the transcript, please attach copies of these test scores to the transcript.**
13. On the reverse side of this form, please describe the applicant's character, ambition to succeed, academic and leadership abilities. Feel free to add other information which you feel might assist the selection committee.

Name _____ Title _____
Address _____ Telephone () _____
Signature _____ Date _____

Please place this completed form in a sealed envelope and give it to the applicant for submission with his/her scholarship application.

Questions may be directed to The CAUSE Foundation at (888) 288-9036