

The St. Paul College Club, Inc.
American Association of University Women Scholarship Trust
990 Summit Avenue, St. Paul, MN 55105
scholarshiptrust@aauwstpaul.org

2018 Scholarship Application Academic Record Release Form

Applicant, please complete and give this form to your high school academic counselor.

Student Name: (PRINT) _____

High School: (PRINT) _____

Please send a transcript of my academic record to the Chair of The St. Paul College Club, Inc. AAUW Scholarship Trust at the above address, postmarked no later than **March 2** or submitted by **March 7, 2018**.

Student signature _____

Parent or guardian signature
(if student is less than 18 years) _____

Applicant Test Scores to be completed by high school academic counselor

ACT Composite _____

SAT Verbal _____ SAT Math _____

Other information that will help us evaluate this applicant:

Academic Counselor Signature _____

Phone number _____ Date _____

(Postmark no later than March 2 or submitted by March 7, 2018.)

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