



Name of Financial Aid Applicant:

Last First

SID [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] OR

SSN [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

2008 – 2009 ACG VERIFICATION

I authorize high school officials to release information regarding my high school transcripts to Holy Names University.

Student's Signature

Date

TO BE COMPLETED BY THE HIGH SCHOOL:

This student may be eligible for the Federal Academic Competitiveness Grant (ACG). Please confirm whether this student has completed any of the following rigorous courses of study:

Name of high school \_\_\_\_\_

Date of high school graduation \_\_\_\_\_

- Completed the California A – G Course Requirements
Golden State Seal Merit Diploma
AP exam # \_\_\_\_\_ Score \_\_\_\_\_ Passed AP Course \_\_\_\_\_
California International Baccalaureate exam – score \_\_\_\_\_
Completed out-of-state requirements in \_\_\_\_\_ (state)
Did not complete a rigorous Course of Study

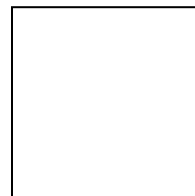
School Stamp/Seal

Print Name and Title of School Official

Phone #

Signature of School Official

Date



RETURN COMPLETED FORM TO THE FINANCIAL AID OFFICE AT HOLY NAMES UNIVERSITY

For Office Use Only

322 336 Rig Code \_\_\_\_\_ 313 Pell \_\_\_\_\_ Cit \_\_\_\_\_

111 Full-time \_\_\_\_\_ Undergrad \_\_\_\_\_ 314 Yr in School P 1 2