

## Dr. Greg Jowers Memorial Scholarship Nomination Form

## This page must be filled out by the school guidance counselor, principal, or headmaster. This information is requested and received in confidence.

## Scholastic Record

Junior Class rank Senior class rank	Number of students Number of students		
Junior Year S.A.T. Tota Senior year S.A.T. Tota		M M	(forward if not available)
Has nominee taken the National Merit Scholarship Qualifying Test? Y N			
If yes Selection Score	Percenti	ile	
List other tests including College Boards Achievement Test			
Name		Date Taken	Score
Name Name		Date Taken Date Taken	Score Score
Please attach a transcript of record.			
Do you recommend this student for the Dr. Jowers Memorial Award? Y N			
Signature			
Print Signature			

School Phone Number