



# Albert Yanni Scholarship

| <b>Verification of Academic Eligibility</b>                            |  |
|--|--|
| Name of Person Completing Verification                                 |  |
| School Name  |  |
| Name of Applicant  |  |
| Cumulative GPA for grades 9-12   |  |
| Cumulative attendance rate for grades 9-12                             |  |
| Total number of days absent for grades 9-12                            |  |
| Lowest grade for grades 9-12   |  |
| Expected graduation date   |  |
| CTE Program of Study   |  |
| Four (4) required courses and grades                                   |  |
| Is this student a member of a CTSO                                     |  |
| If yes, please list CTSO they are a member and if they are an officer. |  |

As the school official completing this form, I am confirming that the information provided for this student is accurate and correct to the best of knowledge.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_