

Grade Report Form 2024-25		
Section 1: Personal Data (to be completed by applicant)		
Last Name	First Name	 MI
<u>XXX – XX-</u>		
Last 4 Digits of Social Security Number		
Address		
City	State	Zip Code
I, the undersigned, do hereby authorize the release of my s Virginia Higher Education Policy Commission.	econdary academic perfor	mance record to the West
Applicant Signature	Date	
Section 2: High School Information & Test Scores (to	he completed by school	official)
Section 2. High School Million Mation & Test Scores (10	be completed by school	
Name of High School	High School Overall GP	A
ACT Test Score Composite	SAT Composite	Test Score
Section 3: Official Signature (to be completed by school official)		
I certify that the grade information provided is correct and the student-maintained GPA requirements after their final		g policies. I agree to verify
School Official Signature	Date	
Print Name	Title	
Email Address	Phone Number	
Attach Transcript and Return To: WV Higher Education Policy Commission		

Attn: WV STEM Scholarship 1018 Kanawha Boulevard East Suite 700 Charleston WV 25301 Phone: 304-558-4618 Email: wvstem@wvhepc.edu