



AFSA 2017-2018 SCHOLARSHIP PROGRAM APPLICATION

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SECONDARY SCHOOL REPORT – FORM 2

(Please PRINT or TYPE)

Applicant's Name: _____

Name of High School: _____

In compliance with Family Educational Right and Privacy Act of 1974, I authorize my High School to release a copy of my transcript and to complete the information requested below.

Signature of Applicant: _____ Date: _____

THIS EVALUATION TO BE COMPLETED BY YOUR PRINCIPAL OR GUIDANCE COUNSELOR

Evaluator's Name: _____ Title: _____

Number of Students Graduating this June: _____ Teacher/Student Ratio: _____

Please explain your school's marking system:

Applicant's Class Rank: _____ Applicant's Total SAT Score: _____

Is the applicant in an accelerated or honors program? (If yes, please describe)

List any off-campus or independent study programs applicant has participated in:

List extra-curricular activities that the applicant participates in:

PLEASE ENCLOSE AN OFFICIAL TRANSCRIPT WITH THIS FORM

Evaluator's E-mail Address: _____

Signature of Evaluator: _____ Date: _____

Please return completed form **postmarked by February 28, 2018** to:
AFSA Scholarship Committee, 1101 17th ST, NW, Ste. 408, Washington, DC 20036