



Academic Competitiveness Grant Validation Form

SECTION I (to be completed by Student)

_____	_____	_____	_____
Last Name	First Name	M.I.	Social Security Number
_____			_____
Street Address			E-mail Address

_____	_____	_____	_____
City	State	Zip	

I hereby authorize high school officials at _____ High School to release information regarding my high school transcript and/or academic records to the Cuyamaca College Financial Aid Office.

_____	_____
Student Signature	Date

SECTION II (to be completed by High School Official)

The student above may be eligible for an additional grant in the amount of \$750-\$1300 based on this validation. When validation is complete, please return the form to:

Cuyamaca College, Financial Aid Office, 900 Rancho San Diego Parkway, El Cajon, CA 92019.

The student identified in Section I graduated from _____
(Name of High School)

on _____ and completed one the following rigorous courses of study:
(MM/YYYY)

Student did not complete any of the rigorous courses of study listed below.

_____ Completed the California A-G Course Requirements

_____ Completed State Scholars Requirements

_____ Golden State Seal Merit Diploma

_____ AP exam # _____ Score _____ AP exam # _____ Score _____

_____ AP exam # _____ Score _____ AP exam # _____ Score _____

_____ California International Baccalaureate exam – score _____

_____ Completed out-of-state requirements in _____
(Name of State)

_____ Type of rigorous course requirement (**validated by non-Californian school**)

<u>High School Official Seal</u>

_____	_____	_____
Signature of Principal or Designee	Phone Number	Date

_____	_____
Print Name of Principal or Designee	E-mail Address

