

THE SLEMP FOUNDATION
Information to be supplied by School Authorities

Name of Student: _____.

Transcript of Grades for _____ to _____.

| FRESHMAN YEAR | | SOPHOMORE YEAR | | JUNIOR YEAR | |
|---------------|-------|----------------|-------|-------------|-------|
| SUBJECT | GRADE | SUBJECT | GRADE | SUBJECT | GRADE |

If any aptitude tests were given to student, please list results if they have a bearing on the student's ability to handle work at the college of his choice:

Student is in top 1/10 () top 1/3 () or lower 1/3 () of his/her class.

Number of students in class _____ This student's position in class _____

Prospects for student's graduation _____

Please rate the student as to the effort put in, to get the most out of his/her school experience.

() AVERAGE () ABOVE AVERAGE () EXCEPTIONAL

Has Student met his/her financial obligations to the school regularly and promptly? _____

What extra-curricular activities has student excelled in? _____

What are Student's outstanding traits? _____

What type of work do you think the student should prepare to follow? _____

Type of work Student plans to do? _____

Please rate the student, as to expectancy of doing worthwhile work in this field.

() AVERAGE () ABOVE AVERAGE () EXCEPTIONAL

REMARKS: _____

I recommend that the grant requested be made. I am satisfied that the best interest of the applicant can be maintained by continuing school. I consider the applicant thoroughly reliable and I believe that he (she) is worthy of this grant. To the best of my knowledge, all of the questions are truly and fully answered.

Date

Dean, Principal, Guidance Counselor or Faculty Advisor

Name of School

Note: This form must be mailed by October 15th directly to the Foundation at the following address:

The Slemp Foundation
c/o U.S. Bank Trust Division
P. O. Box 5208, M. L.: CN-OH-W7PT
Cincinnati, OH 45201-5208