HORATIO ALGER ASSOCIATION of Distinguished Americans, Inc.

Horatio Alger Scholarship Office
99 Canal Center Plaza, Suite 320
Alexandria, VA 22314

Career & Technical Education (CTE) Scholarship Program

Verification of Good Academic Standing

For questions contact cte@horatioalger.org | (800) 684-9040

This Verification of Good Academic Standing certifies that the below student is currently enrolled and in Good Academic Standing at the stated institution. **Please note, all information will be verified for accuracy and falsification of information may result in scholarship forfeiture**.

Students **MUST** upload this completed and signed form to their online Request for Funds each term.
Do NOT leave any areas blank.

A. Student Authorization

I,_____, *grant permission for* _____
(Student Full Name)   (Name of School)
to provide information regarding my academic standing and progress to the Horatio Alger Association Scholarship Office to meet requirements for my scholarship disbursement.

_____   _____
(Student Signature)   (Date | (MM/DD/YYYY)

B. Student Academic Information (All fields are required)

Student Last Name:_____ **First**:_____ **Middle Initial**: _____

Program of Study

    a. Degree student will earn upon graduation: ☐ Diploma ☐ Certificate ☐ Associates

    b. Program Name (*i.e., Nursing, IT, Welding*): _____

Current Academic Status

    c. ☐ New student ☐ Returning student

    d. ☐ Good Academic Standing ☐ Academic Probation

    e. ☐ Full-time (*for their program*) ☐ Part-time (*for their program*)

    f. Has the student completed **all required prerequisite** classes for their program? ☐Yes ☐No ☐Not Applicable

    g. Total number of credit/clock hours **required** to complete program: _____

    h. Total number of credit/clock hours **earned** to date: _____

    i. Total number of credit/clock hours **currently** enrolled in: _____

    j. Cumulative GPA:_____ ☐Not Applicable

    k. *Estimated Graduation Date (mm/yyyy)*:_____ *Please estimate to the best of your knowledge*

    l. Notes (*optional*): _____

C. School Official Approval (i.e, Academic Advisor, Teacher/Instructor, Program Director, Registrar)

Signature of School Official: _____ **Date:** _____

Name:_____ **Title:** _____

Phone Number: _____ **Email:** _____

Name of School: _____