



ANNUAL SCHOLARSHIP PROGRAM

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1626 Apperson Drive Salem VA 24153
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SECONDARY SCHOOL REPORT

Name: _____
Last First Middle

High School now attending: _____

Date entered: _____ Date graduating: _____

Other high school(s) attended, with dates: _____

Candidate's Test Score: _____

Scholastic Aptitude Test or ACT: *Please provide percentile scores

Date Taken: _____ Verbal: _____ Math: _____ Writing: _____

Date Taken: _____ Verbal: _____ Math: _____ Writing: _____

Class size: _____ Class ranking (from top): _____ Fall GPA: _____

Describe course pursued by applicant at your school: _____

Classification of Diploma to be granted: _____