WESTERN BRANCH HIGH SCHOOL PTSA 2020 AP TEST GRANT APPLICATION

The Western Branch High School PTSA will award need-based grants to selected students. To be eligible for this non-renewable grant towards test fees, students must be a full time student in good standing, with a minimum 3.0 GPA, and enrolled at WBHS.

Applicants must meet all criteria to be considered for this grant.

| Legibly print the following information (please use blue or black ink): Applicant full name: | | | | | |
|--|--|--|--------------------------|--|--|
| | | | | | |
| | | | Parent/Guardian Name(s): | | |
| Name of course for which the | e test is being taken: | | | | |
| Current GPA: | | | | | |
| Students who registerStudents who are una will be scheduled to t | ble to take the test at the scheduled ake the test on the Late Date. for free testing are not eligible to a | ne student's name. , will be responsible for the \$15 return test fee. date and time through no fault of their own, oply for this grant. (See Mrs. Legg in Guidance | | | |
| SIGNATURE OF AGREEM | ENT: | (Student's signature) | | | |
| VERIFICATION OF GPA: | | (Counselor's signature) | | | |
| All information supplied PTSA. | will be treated confidentially a | and will be viewed only by the WBHS | | | |
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Applicant must answer the following item in paragraph form using at least one-half page in length, double-spaced. All responses must be typewritten.

Please use a separate piece of paper to explain your **need** for PTSA assistance with the test fee for the course listed above. Be as specific as possible.

(Please do not print your name on any of your pages with your essay response, as all applicants will be reviewed anonymously)

| SIGNATURE OF APPLICANT: | |
|-------------------------|------------------|
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The **completed** application is due no later than **Thursday, February 13, 2020** to the Guidance Office by 3:45 p.m.

NO EXCEPTIONS