



POST OFFICE BOX 286 • BEAVER, WV 25813

Merit Scholarship Award Program End of Semester Transcript Report Form

Participant Information:

Program enrollment date: _____
Name: First _____ (MI) _____ Last _____
Date of Birth: _____
Home Address: Street _____
City _____ State _____ Zip _____
Phone: Home: _____ Mobile _____
Personal email: _____

Academic Institution Information:

College Name: _____
College Address: Street _____
City/State/Zip _____
College website: _____
College phone number: _____
Intended Degree & Major: _____
Semester: _____ Semester Start Date: _____
Credit Hours Completed: _____

Class Completed:

Grade:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Semester GPA: _____ Cumulative GPA: : _____

Note: This document will not be reviewed without an official grade transcript (copies are not acceptable) attached.

Foundation use only:	Date Reviewed: _____	Approved by: _____
	Amount of Award: \$ _____	Disbursement Date: _____ Check No. _____