

jLee
Foundation *for the Arts & Sciences*

304-255-3900 • jleefoundation.org • PO Box 1160, Beaver, WV 25813

**Merit Scholarship Award Program
End of Semester Transcript Report Form**

Participant Information:

Program enrollment date: _____ Application 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. _____