



PRINCIPAL/GUIDANCE COUNSELOR OFFICIAL FORM

THIS FORM MUST BE COMPLETED BY YOUR HIGH SCHOOL PRINCIPAL, HIGH SCHOOL GUIDANCE COUNSELOR OR HIGH SCHOOL REGISTRAR.

NAME OF APPLICANT: _____
LAST FIRST MIDDLE

ADDRESS OF APPLICANT: _____

APPLICANT'S PHONE: _____

YOUR NAME: _____

NAME OF SCHOOL: _____

ADDRESS OF SCHOOL: _____

SCHOOL TELEPHONE: _____

APPLICANT'S GRADE IN SCHOOL: ____ 10th Grade ____ 11th Grade ____ 12th Grade ____ Graduate

GRADE POINT AVERAGE: _____
4.0 SCALE (MUST BE PROVIDED) WEIGHTED SCALE (REFERENCE ONLY)

CLASS RANK: _____ **of** _____
RANK CLASS SIZE

1. Please attach the transcript of the final junior grades and beginning senior year grades, if available.
2. Please attach final senior grades, if submitting information for a graduate.
3. Please include a copy of the applicant's Senior Year schedule.
4. Upload the transcript as directed to the portal as directed in the email request.
5. If you are not able to upload the transcript, please seal the transcript(s) in an envelope with the school official's signature across the seal and mail it to the following address: Attn: Academy Nominations Coordinator, United Center, 500 Virginia Street East, Suite 950, Charleston, WV 25301 by October 10, 2025.

SIGNATURE: _____

TITLE: _____

DATE: _____