

THE TEAGLE FOUNDATION SCHOLARSHIP APPLICATION FORM

Print or type all information except signature.

Mail by November 1.

SECONDARY SCHOOL INFORMATION THIS SECTION TO BE COMPLETED BY PRINCIPAL OR GUIDANCE COUNSELOR

School Name _____

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School Code

Street Address _____

City _____

State _____

Zip Code _____

Is the applicant named above CURRENTLY a senior in high school? Yes No - Graduation Date: _____

CLASS

Class Rank _____

Class Size _____

Grade Point Average

Weighted Unweighted

TEST SCORES

ACT Test Date _____

Composite Score _____

SAT Test Date _____

Verbal _____

Math _____

Print Your Name and Title _____ Signature _____ Date _____

Mail this completed application to:

**The Teagle Foundation Scholarship Program
Scholarship & Recognition Programs
PO Box 6730
Princeton NJ 08541**

All applications must be mailed by November 1.