



Financial Aid Office
 3000 Mission College Blvd Santa Clara, CA 95054 (408) 855-5065

**ACADEMIC COMPETITIVENESS GRANT (ACG)
 RIGOROUS COURSE OF STUDY
 VERIFICATION FORM**

Please Print

_____ Date

_____ Student ID

_____ Last Name _____ First Name _____ M.I.

_____ Street Address _____ City _____ State _____ Zip

_____ High School Attended _____ Date Graduated (MM/YYYY)

I hereby authorize high school officials to release information regarding my high school transcript and/or academic records to Mission College.

_____ Student Signature _____ Date

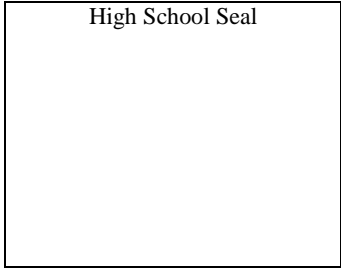
The student identified above may be eligible for an additional Federal Grant in the amount of \$750 - \$1300 based on this verification. When verification is complete, please return to the Mission College Financial Aid Office at the address above.

High School Office Use Only

The student identified above graduated from _____ on _____
 Name of High School Date Graduated (MM/YYYY)

and completed the following rigorous course of study:

_____ Completed the California A – G Course Requirements
 _____ Golden State Seal Merit Diploma
 _____ Completed State Scholars Requirements
 _____ *AP Exam # _____ Pass\Fail: _____ AP Exam # _____ Pass\Fail: _____
 _____ AP Exam # _____ Pass\Fail: _____ AP Exam # _____ Pass\Fail: _____



_____ California International Baccalaureate exam score _____
 OR
 _____ Completed out-of-state requirements in _____ State _____ Type of rigorous course requirement _____
 (Validated by out-of-state high school)

*Must complete at least two AP exams to qualify

_____ The student did NOT complete a rigorous course of study

_____ Print name of Principal or Designee _____ Phone Number

_____ Signature of Principal or Designee _____ Date

