

## Academic Competitiveness Grant – Instruction Sheet

1. Student will complete the first section of the attached form.
2. Student will give the form to his/her high school for completion of the bottom portion.
3. Student will return the form to the Financial Aid Office, Orange Coast College.
4. This form must be completed and returned no later than:  
December 15, 2009

ACADEMIC COMPETITIVENESS GRANT  
RIGOROUS COURSE OF STUDY  
VERIFICATION FORM

\_\_\_\_\_ Date

\_\_\_\_\_ Orange Coast College 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 Orange Coast College, Financial Aid Office.

\_\_\_\_\_ Student Signature \_\_\_\_\_ Date

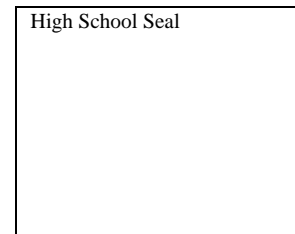
The student identified above may be eligible for an additional Federal grant based on this verification. When verification is complete, it is the student's responsibility to return it to the Financial Aid Office, Orange Coast College.

**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 set of courses similar to State Scholars Initiative
- \_\_\_\_\_ Completed the California A – G course requirements (does not require that student be accepted for admission at CSU)
- \_\_\_\_\_ Golden State Seal Merit Diploma
- \_\_\_\_\_ \*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 \_\_\_\_\_ Type of requirement \_\_\_\_\_  
State

\* Must pass at least two AP exams to qualify\*

[ ] **Did not complete requirements of a rigorous course of study**

\_\_\_\_\_ Print name of Principal or Designee \_\_\_\_\_ Phone Number

\_\_\_\_\_ Signature of Principal or Designee \_\_\_\_\_ Date