 YOUTH THEOLOGICAL STUDIES

PINKARD SCHOLARS PROGRAM

**ST. MARY’S SEMINARY & UNIVERSITY**

**5400 Roland Avenue • Baltimore, Maryland 21210**

**Phone: 410-864-4157 • Fax: 410-864-4110 • youth@stmarys.edu • www.stmarys.edu**

**Ms. Patricia LeNoir, Director**

**ACADEMIC RECORD FORM**

NAME of Applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Last First MI*

TO THE APPLICANT: Complete the top portion and give the form to your guidance counselor at school. After your guidance counselor has completed the remaining portion and returned the form to you sealed in an envelope, return the form with your application package by **April 26, 2016.** Or, if necessary, the school may send the transcript directly to us.

APPLICANT’S PERMISSION STATEMENT: I hereby grant permission for my academic record to be released by high school officials for confidential use by the Youth Theological Studies Program at St. Mary’s Seminary & University.

SIGNATURE of Applicant Date

TO THE GUIDANCE COUNSELOR: The person named above is being considered for admission to the Pinkard Scholars Program at St. Mary’s Seminary & University. During this fall semester program, intellectually talented high school juniors and skilled adult faculty will explore Christian theology in dialogue with a critical cultural issue and imagine new possibilities for their future and the public good. The intense nature of the program requires emotional stability and a well-integrated personality; any comments regarding this applicant will be appreciated. Thank you for your assistance.

# PLEASE ENCLOSE WITH THIS FORM:

An official copy of the student’s high school TRANSCRIPT, including grades for the first semester **2015-2016**. The student’s most recent test scores *(if available)* for one or more of the following: PSAT, SAT, or ACT.



Please return the form and transcript to the student in a sealed envelope. Or, if school policy requires you to send the transcript directly to us, please mail it to the address above, so that we RECEIVE IT **BY April 26, 2016.** Thank you.

Counselor Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Street Address City, State, Zip Code*

Student’s Rank in Class *(if applicable)* of Grade Point Average

COMMENTS: \_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_

# certify that this student IS CURRENTLY A HIGH SCHOOL SOPHOMORE.

SIGNATURE of Counselor Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_