



YOUTH THEOLOGICAL STUDIES PINKARD SCHOLARS PROGRAM

ST. MARY'S SEMINARY & UNIVERSITY
5400 Roland Avenue • Baltimore, Maryland 21210
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 **May 4, 2011**. 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 teenagers and skilled adult teachers will explore Christian theology, do volunteer service and theological reflection, participate in a retreat, and imagine new possibilities for 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 2010-2011.
- 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 May 4, 2011. 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:

I certify that this student **IS CURRENTLY A HIGH SCHOOL SOPHOMORE.**

SIGNATURE of Counselor _____ Date _____