

# Washington County Scholarship Trust

P. O. Box 776  
Vernon, Florida 32462  
(850)535-2426

## End of Year Point Schedule

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 Phone \_\_\_\_\_  
 High School \_\_\_\_\_  
 Homeroom \_\_\_\_\_  
 School Year \_\_\_\_\_  
 Year of Graduation \_\_\_\_\_  
 Social Security Number \_\_\_\_\_

### General Information

- This form **must** be postmarked each year on or before **June 15<sup>th</sup>**.
- A copy of the current report card, community service documentation, test results, and/or workshop documentation **must** be attached.
- The student/parent is responsible for obtaining, completing, and mailing this form to the above address.
- **DO NOT substitute classes** – if didn't take a science class, cannot substitute another class.

### GRADE (grade just completed)

Courses	1 <sup>st</sup> Semester	2 <sup>nd</sup> Semester	Points	Total Points
English	_____	_____	+_____	_____
Mathematics	_____	_____	+_____	_____
Science	_____	_____	+_____	_____
Social Studies	_____	_____	+_____	_____
Foreign Language	_____	_____	+_____	_____
Elective	_____	_____	+_____	_____
Attendance				_____
Workshop(s)				_____
Test (Name)	_____	_____	+_____	_____
Community Service				_____
			<b>TOTAL POINTS</b>	_____

Grade Points	Attendance Per Year	Workshop(s)	Community Service	Tests
A = 3 points	0 Absences = 4 points	1 workshop = 2 points	5 hours = 1 point	(Ex: ACT
B = 2 points	1-3 Absences = 3 points	(Max = 16 points in 4 years)	(Max = 5 points per year)	NOT FCAT)
C = 1 point	4-5 Absences = 2 points			non-repeated
D = 0 points	6+ Absences = 0 points			tests per year
F = 0 points				(Max=4 pts per yr)

### Certification

I certify that the above information to be accurate.

\_\_\_\_\_  
 Student Signature                      Parent/Guardian Signature                      Date