



## ADVANCED SCHOLARS PROGRAM SECONDARY SCHOOL REPORT FORM

### TO THE APPLICANT

Please complete the top portion and then ask your school counselor to complete the remaining portion of this form. *Please type or print.*

Legal Name: \_\_\_\_\_  
First \_\_\_\_\_ Middle \_\_\_\_\_ Last (Family) \_\_\_\_\_  
Home Address \_\_\_\_\_  
Number and Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ (Country) \_\_\_\_\_

### Senior Year

First Semester	Second Semester

In accordance with the Federal Family Educational Rights and Privacy Act of 1974 (FERPA), matriculating students have access to their application files. The act further provides that you may waive your right to see your evaluation. Waiving this right lets us know that you do not intend to read your evaluation. Please indicate your preference by checking the appropriate box below:

☐ I waive my right to review this evaluation   OR   ☐ I do not waive my right to review this evaluation

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

### TO THE SCHOOL COUNSELOR

Please fill in the information below and complete the back of this form in reference to the student listed above.

Date \_\_\_\_\_ Name (please print) \_\_\_\_\_  
Signature \_\_\_\_\_  
Position \_\_\_\_\_  
School name \_\_\_\_\_  
Address \_\_\_\_\_  
Number and Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
Area Code \_\_\_\_\_ Number \_\_\_\_\_  
Fax number (if available) \_\_\_\_\_  
Email address (if available) \_\_\_\_\_

Rank Information

This candidate ranks \_\_\_\_ in a class of: \_\_\_\_ Does more than one student have this rank? \_\_\_\_ If so, how many others? \_\_\_\_

Is this rank ☐ weighted or ☐ unweighted? This rank covers a period from \_\_\_\_ to \_\_\_\_  
month/year month/year

If precise rank is not available, please indicate rank to the nearest 10th from the top. \_\_\_\_

Cumulative GPA: \_\_\_\_ on a \_\_\_\_ scale. Is this GPA ☐ weighted or ☐ unweighted?

Considering both the level of difficulty of the student’s program as well as the number of academic courses taken, how would you describe the student’s overall program?

☐ Below Average ☐ Average ☐ Above Average ☐ Rigorous ☐ Most Rigorous Available

Of this candidate’s graduating class, approximately \_\_\_\_% plan to attend a four-year college; \_\_\_\_% plan a two-year degree.

Are courses taken on a block schedule? ☐ Yes ☐ No If yes, in what year did block scheduling begin? \_\_\_\_

We would welcome a copy of your current school profile if available.

EVALUATION AND RECOMMENDATION

Please provide commentary on a separate sheet of paper that you feel would be helpful in assessing the candidate’s personal and academic qualities as a potential Grinnell student. We are most interested in learning about his or her intellectual curiosity, enthusiasm for learning, character, and potential for growth. Feel free to include any unusual accomplishments or personal circumstances that distinguish this student from others. Your candor is appreciated.

We appreciate your estimation of the student’s character and personal qualities in comparison with other college-bound students in your school. Please check the appropriate spaces below:

A. Personal Qualities	No Basis for Judgment	Below Average	Average	Above Average	Excellent (Top 10%)	One of top few students I have ever encountered
General Intelligence/Intellectual Promise						
Motivation						
Integrity						
Independence						
Originality						
Leadership						
Reaction to Setbacks						
Sense of Responsibility						
Warmth of Personality						
Concern for Others						
Tolerance of Differences						
Respect of Classmates						
Respect of Faculty						

B. How long have you known this applicant? \_\_\_\_

- C. ☐ I enthusiastically recommend the admission of this applicant to the Grinnell College Advanced Scholars Program.  
☐ I strongly recommend that this applicant be given the opportunity to show his/her ability.  
☐ I recommend this applicant with reservations.  
☐ I do not recommend this applicant for admission to the Grinnell College Advanced Scholars Program.

D. This report is based on ☐ personal contact ☐ school records ☐ conversations with teachers and parents ☐ all of the above

Please attach an official copy of this student’s grade report and testing record and return to:

Grinnell College Office of Admission, 1227 Park St, Grinnell, IA 50112

The candidate’s application for admission will not be considered until this form is submitted to the Office of Admission.