ACADEMIC COMPETITIVENESS GRANT (ACG)
RIGOROUS COURSE OF STUDY
VERIFICATION FORM

2700 Barstow Rd. Barstow, CA 92311
(760) 252-2411, x7205 Fax (760) 252-6748

Date

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 academic records to Barstow Community College.

Student Signature | Date

The student identified above may be eligible for an additional Federal grant in the amount of $750 (first year) or $1300 (second year) based on this verification. When verification is complete, it is the student's responsibility to return it to the Barstow Community College Financial Aid Office.

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:

High School Seal

____ Completed the California A – G course requirements

____ 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

____ Did not complete a rigorous course of study

Print name of Principal or Designee | Phone Number

Signature of Principal or Designee | Date