

Instructions:

*Applicant: Give this form to the local school counselor/Head Master
By February 13, 2009.*

*Counselor/Headmaster: Complete the form and forward to
Brunswick High School, Attention: Jill Wilton, by
February 23, 2009.*

**APEX SCHOLARS PROGRAM
BRUNSWICK HIGH SCHOOL
101 Cummings Drive
Brunswick, Maryland 21716**

Counselor Verification for:

Student's Last Name	First Name	M.I.	FCPS Student ID #
_____	_____	_____	_____
Current School	M / F (Circle)	School Phone Number	
_____	_____	_____	

1. Please forward the following information about the applicant to the above address:
 - ◆ 7th grade report card
 - ◆ 8th grade report card with grades for marking periods ending January 16, 2009
 - ◆ 4 teacher recommendations from grade 8 teachers. (The student has been instructed to distribute the forms directly to the teachers. The teachers have instructions to forward them directly to Brunswick High School or to you for mailing in one packet.)

2. Are there any special concerns you have about this student attending an accelerated academic program? (examples – attendance issues, behavioral concerns, special requirements, etc.)
 - ◆ No
 - ◆ If yes, please explain.

Principal/Designee's Verification: I verify the information attached to this form is an official transcript.

Principal/Designee's Signature	Date
_____	_____