



**Financial Aid Office
Rigorous Course of Study
Validation Form**

Last Name First Name MI Student SSN

Street Address City State Zip Code

High School Attended Date of Graduation (MM/DD/YY)

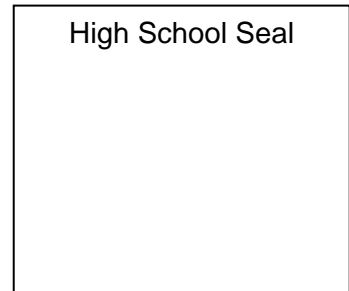
I hereby authorize high school officials to release information regarding my high school transcript and/or academic records to **College of the Siskiyous**.

Student Signature Date

The student identified above may be eligible for an additional grant in the amount of \$750-\$1300 based on this validation form. When validation is complete, please **return to the College of the Siskiyous Financial Aid Office**.

The student identified above graduated from _____
on _____ and completed the following rigorous course of study:
(MM/YY) Name of High School

- _____ Completed the California A-G Requirements
- _____ Completed State Scholars Requirements
- _____ Golden State Seal Merit Diploma
- _____ AP exam # _____ Score _____ AP exam # _____ Score _____
- _____ AP exam # _____ Score _____ AP exam # _____ Score _____
- _____ California International Baccalaureate exam-score _____
- OR**
- _____ Completed out-of-state requirements in _____
State



Type of rigorous course requirement

Print Name of Principal or Designee Phone Number

Signature of Principal or Designee Date