

***Ashley Lynne Busby Memorial Scholarship***  
**GPA Verification Form**

Dear Ashley Lynne Busby Memorial Scholarship Committee,

This letter is to verify that the GPA information provided below for \_\_\_\_\_ (*insert applicant name*) is correct and matches the GPA information the applicant provided on their Ashley Lynne Busby Memorial Scholarship application.

*Cumulative GPA for 7 semesters \_\_\_\_\_ based on a 4.0 scale.*

Signed,

**Your Name**

**Your Title at Liberty High School**

**Phone**

**E-mail**

***Please include your name and contact information. The Ashley Lynne Busby Memorial Scholarship Committee may contact you to verify the information submitted on this form.***

***The completed form should be returned to the applicant so that they can submit it with their scholarship application.***

Please contact Brady or Sarah Busby, Scholarship Administrators, with questions at [ashley.busby.memorial@gmail.com](mailto:ashley.busby.memorial@gmail.com).