

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 Sarah Busby, Scholarship Administrator, with questions at ashley.busby.memorial@gmail.com.