



BPUB Project SHARE Scholarship Academic Data Verification Form

Student Name _____

LAST FIRST MIDDLE

High School _____ Graduation Date _____

THIS SECTION TO BE COMPLETED BY SCHOOL COUNSELOR/ADMINISTRATOR		
Grade Point Average _____	GPA Scale _____	SAT _____ and/or ACT _____
Counselor/Administrator Name (Print)	Signature	Date

I hereby verify that all of the information on this application is true and correct to the best of my knowledge. Furthermore, I agree to allow the review of this application and my school records by anyone representing the Brownsville Public Utilities Board's Project SHARE Scholarship program.