

# Washington County Scholarship Trust

P. O. Box 776  
 Vernon, Florida 32462  
 (850)535-2426

## Summer School Point Schedule

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 Phone \_\_\_\_\_  
 High School \_\_\_\_\_  
 Homeroom \_\_\_\_\_  
 School Year \_\_\_\_\_  
 Social Security Number \_\_\_\_\_

### General Information

- This form must be filed each year on or before June 15<sup>th</sup>.
- A letter from the student's guidance counselor attesting to the completion of the summer school course(s) and grade received must be attached.
- Use this form for only **NEW** course credits. Courses begin repeated are **not** accepted.
- The student/parent is responsible for obtaining, completing, and filing this form.

Courses	Letter Grade	=	Points
American Government	_____	=	_____
Business Computers	_____	=	_____
Computer Applications	_____	=	_____
Economics	_____	=	_____
Foreign Language	_____	=	_____
History	_____	=	_____
Keyboarding	_____	=	_____
Life Management Skills	_____	=	_____
Mathematics	_____	=	_____
Science	_____	=	_____
Other	_____	=	_____

**TOTAL POINTS** \_\_\_\_\_

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#### Grade Points

A	=	3 points
B	=	2 points
C	=	1 point
D	=	0 points
F	=	0 points

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### Certification

I certify that the above information to be accurate.

\_\_\_\_\_  
 Student Signature

\_\_\_\_\_  
 Parent/Guardian Signature

\_\_\_\_\_  
 Date