



Certification by School Administration (Office)

Date: _____

Student's Name: _____

SAT or PSAT Scores: _____

Math Verbal _____

Rank in Class GPA

Recommendation Superior High Average Low

Recommended Not Recommended

Comments

PERSON COMPLETING THIS FORM: _____

FORM SUBMISSION DATE: _____

SCHOOL STAMP OR Signature of Principal _____

Please submit this form by one of the two following ways:

1. Print & Mail to: ATTN: MLK Scholarship Committee

P.O. Box 12102 | Winston Salem, NC 27117

2. Scan/send as an attachment via E-mail to all addresses below:

*secretarymcwsv@gmail.com

*k.vereen1985@gmail.com

*presidentmcwsv@gmail.com