

**ACADEMIC EXCELLENCE SCHOLARSHIP  
ALTERNATE PAGE**

IF AN ORIGINAL RECIPIENT DOES NOT ATTEND A WISCONSIN SCHOOL YOU CAN LIST AN ALTERNATE FOR THE SCHOLARSHIP. ONLY LIST ENOUGH FOR THE SCHOLARSHIP TO BE GIVEN AWAY. SHOULD YOU NEED MORE THAN SIX ADD ANOTHER PAGE AND DESIGNATE THE NUMBER OF THE ALTERNATE'S PLACE IN THE LIST.

**IS THE GRADING SYSTEM IN YOUR HIGH SCHOOL WEIGHTED ? OR UNWEIGHTED ?**

- ◆ If you have a weighted system, wherein an A is worth more in some courses than in others, then you automatically have alternates. Just list as your alternates the students with the next highest GPAs.
- ◆ If you have an unweighted system, because of new legislation you automatically have alternates. Just list as your alternates the students with the next highest GPAs not lower than 3.8.
- ◆ I ask for the college the student is likely to attend, **if you know it**.

<i>ACADEMIC EXCELLENCE SCHOLARSHIP ALTERNATES</i>		
	FIRST ALTERNATE	SECOND ALTERNATE
NAME	<input type="checkbox"/> Ms. <input type="checkbox"/> Mr.	<input type="checkbox"/> Ms. <input type="checkbox"/> Mr.
HOME ADDRESS		
HOME PHONE		
EMAIL ADDRESS <small>NOTHING ENDING IN @K12.WI.US OR @.ORG</small>		
GPA		
COMPOSITE ACT SCORE		
PREDICTED COLLEGE		
	THIRD ALTERNATE	FOURTH ALTERNATE
NAME	<input type="checkbox"/> Ms. <input type="checkbox"/> Mr.	<input type="checkbox"/> Ms. <input type="checkbox"/> Mr.
HOME ADDRESS		
HOME PHONE		
EMAIL ADDRESS <small>NOTHING ENDING IN @K12.WI.US OR @.ORG</small>		
GPA		
PREDICTED COLLEGE		

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<i>ALTERNATES - ACADEMIC EXCELLENCE SCHOLARSHIP</i>		
	FIFTH ALTERNATE	SIXTH ALTERNATE
<i>NAME</i>	<input type="checkbox"/> Ms. <input type="checkbox"/> Mr	<input type="checkbox"/> Ms. <input type="checkbox"/> Mr.
<i>HOME ADDRESS</i>		
<i>HOME PHONE</i>		
<i>EMAIL ADDRESS</i> <small>NOTHING ENDING IN @K12.WI.US OR @.ORG</small>		
<i>GPA</i>		
<i>COMPOSITE ACT SCORE</i>		
<i>PREDICTED COLLEGE</i>		

**Each student named on this form meets the Academic Excellence Scholarship requirements as defined under section 39.41, Wisconsin statutes.**

Signature of School Representative \_\_\_\_\_ Date \_\_\_\_\_

Collection of the above information is a requirement of Statute 39.41. Personally identifiable information is used only for validation purposes and will not be released without written permission. Please note that if any other information is incomplete, this will also delay awarding and processing of the scholarship. No award should be considered final until the student receives an email and WAES form from HEAB.

