



Groves-Walker American Legion Post 346  
 31775 Grand River Avenue  
 Farmington, MI 48336-4238  
 GrovesWalkerPost346@gmail.com

The Suzanne Sloat & Ray Okonski Foundation

**Applicant:** Fill out your name and give this page to your counselor or appropriate school official. This section may be completed by your counselor before you are finished with the application, BUT MUST BE IN A SEALED ENVELOPE OR EMAILED BY THE COUNSELOR DIRECT TO:  
 GrovesWalkerPost346@gmail.com

APPLICANT NAME:

Last name:  First name:  Middle initial:

**COUNSELOR:** This form will be used to verify the applicant's academic status, please be sure to provide accurate information. When completed, **please secure this report in a sealed envelope and return to the student to include with his/her application. Groves-Walker American Legion Post 346 will not return this form to the applicant.** You are also welcome to independently submit this form by email to: GrovesWalkerPost346@gmail.com. When saving, be sure to title the document with the applicant's Last name, First name.

Applicant's current grade point average (A=4.0):

Applicant's highest test scores: ACT:  Date taken:

SAT: Evidence-based reading and writing:  Math:  Date taken:

How would you rate this applicant's academic course load compared to that of his/her peers?

Below average:  Average:  Above average:  Rigorous:  Most rigorous:

Is there a community service requirement to graduate?  If yes, how many hours?

Counselor information:

Name:  Position:

Phone/Ext:  Email:

Length of time acquainted with applicant:

Comments:

Signature:

Date: