Los Angeles Harbor College
1111 Figueroa Place, Wilmington, CA 90744
(310) 233-4320 FAX (310) 233-4681

ACADEMIC COMPETITIVENESS GRANT (ACG) VERIFICATION FORM

________ ________________________ ________________________________
Date SSN or Student College ID Email Address

________________________________ ________________________ ________
Last Name First Name M.I.

____
Street Address

________________________________ ____________ ____________
City State Zip

______________________________________ ____________________
High School Attended Date Graduated (MM/YY)

I hereby authorize high school officials to release information regarding my high school transcript and/or academic records to Los Angeles Harbor College.

____ _________________________
Student Signature Date

The student identified above may be eligible for an additional grant in the amount of $750-$1300 based on this validation. When validation is complete please return to the school financial aid office.

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The student identified above graduated from ______________________________________
Name of High School

on ____________ **and** completed the following rigorous course of study:
MM/YY

High School Seal

_____ Completed the California A-G Course Requirements

_____ Golden State Seal Merit Diploma

_____ AP exam #_______Score______ AP exam #______ Score ______
AP exam #_______ Score______ AP exam #_______ Score______

_____ California International Baccalaureate exam –score ________

OR

_____ Completed out of state requirements in_______________________
State

____
Type of rigorous course requirement (**validated by out of state school**)

____ ____________ ________
Print Name of Principal or Designee Phone Number Date

____ ____________________
Signature of Principal or Designee Email Address

See other side for Rigorous Programs approved for California