

Federation of Zacatecan International Benefit Organization, Inc.

Name of student _____ Semester/Quarter _____

Please circle the grade that the applicant for this scholarship has earned in your class up to this date.

Grade	Class	Instructor Signature
A B C D F (+ / -)		
A B C D F (+ / -)		
A B C D F (+ / -)		
A B C D F (+ / -)		
A B C D F (+ / -)		
A B C D F (+ / -)		
A B C D F (+ / -)		

Calculated grade point average (GPA) = _____ out of _____

Student's signature _____ Date _____

