



# YOUTH THEOLOGICAL STUDIES PINKARD SCHOLARS PROGRAM

**ST. MARY'S SEMINARY & UNIVERSITY**

5400 Roland Avenue • Baltimore, Maryland 21210

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Ms. Patricia LeNoir, Director

## ACADEMIC RECORD FORM

NAME of Applicant \_\_\_\_\_  
*Last First MI*

**TO THE GUIDANCE COUNSELOR:** In the space above, please put the student's name who has requested that you complete the Academic Record Form. He or she is being considered for admission to the Pinkard Scholars Program at St. Mary's Seminary & University. During this fall semester program, intellectually talented high school juniors and skilled adult faculty will explore Christian theology in dialogue with a critical cultural issue and imagine new possibilities for their future and the public good. The intense nature of the program requires emotional stability and a well-integrated personality; any comments regarding this applicant will be appreciated. Thank you for your assistance. Please complete the form, save (or print and scan) and email to: [czyambo@stmarys.edu](mailto:czyambo@stmarys.edu) and forward a pdf of the student's transcript, per instructions below.

### PLEASE ENCLOSE WITH THIS FORM:

A copy of the student's high school TRANSCRIPT, including grades for the first semester of academic year **2023-2024**. The student's most recent test scores (*if available*) for one or more of the following: PSAT, SAT, or ACT.

Please return this form and a pdf of the student's transcript to [czyambo@stmarys.edu](mailto:czyambo@stmarys.edu) no later than **May 16, 2024**. Thank you.

Counselor Name \_\_\_\_\_ Phone \_\_\_\_\_

School Name \_\_\_\_\_

School Address \_\_\_\_\_  
*Street Address City, State, Zip Code*

Student's Rank in Class (*if applicable*) \_\_\_\_\_ of \_\_\_\_\_ Grade Point Average \_\_\_\_\_

COMMENTS:

Name of Counselor \_\_\_\_\_ Date \_\_\_\_\_

*By typing my name in the space above, I certify that the student IS CURRENTLY A HIGH SCHOOL SOPHOMORE and that all information provided is valid.*