



YOUTH THEOLOGICAL STUDIES PINKARD SCHOLARS PROGRAM

ST. MARY'S SEMINARY & UNIVERSITY

5400 Roland Avenue • Baltimore, Maryland 21210

Phone: 410-864-4102 • Fax: 410-864-4110 • <mailto:jweisflog@stmarys.edu> •

www.stmarys.edu

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, scan and email to: <mailto:jweisflog@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 **2026-2027**. 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 <mailto:jweisflog@stmarys.edu> no later than **May 15, 2026**.

Counselor Name _____ Phone _____

School Name _____

School Address

Street Address _____ *City* _____ *Postal C o d e* _____

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.