



Educational Background

High School Attended: \_\_\_\_\_

Date of Graduation: \_\_\_\_\_ Date of GED: \_\_\_\_\_

What is your cumulative/overall high school Grade Point Average? \_\_\_\_\_

If you have completed an SAT or ACT examination, please provide your Score: \_\_\_\_\_

Have you attended College anywhere else prior to applying to Valley Forge? Yes No

Colleges Attended— If you have graduated from high school and have attended any post-secondary institutions since then, you must indicate those below and have official transcripts from each sent to the VFMAC Office of Admission.

College Name	Location (City, State)	Dates Attended (month/year)
--------------	------------------------	-----------------------------

\_\_\_\_\_

Please indicate your future plans:

- |   |   |
|---|---|
| <input type="checkbox"/> Plan to transfer into a four-year college/university | <input type="checkbox"/> Uncertain at this time             |
| <input type="checkbox"/> Plan to enroll in one of the service academies       | <input type="checkbox"/> Plan to enlist in military service |

Have you ever been suspended or expelled from school? No Yes

If YES: Please indicate the circumstances of the suspension or expulsion. Provide school year and grade as well as the name of the school.

\_\_\_\_\_  
\_\_\_\_\_

Have you ever been adjudicated for any offense other than a traffic violation? No Yes

If YES: Please indicate the circumstances of this adjudication. Be specific.

\_\_\_\_\_  
\_\_\_\_\_

Have you spoken with a Valley Forge Military Academy and College representative? No Yes

If YES: Who? \_\_\_\_\_ Where? \_\_\_\_\_

Have any of your relatives attended VFMA&C? No Yes

If Yes, please provide that person's name, relationship to you, and the years attended.

\_\_\_\_\_  
\_\_\_\_\_

Are you interested in auditioning for the Regimental Band? No Yes, instrument \_\_\_\_\_

In what activities would you like to participate while at Valley Forge?

\_\_\_\_\_  
\_\_\_\_\_

What specific person, publication or advertisement prompted this application to Valley Forge Military College.

\_\_\_\_\_

If you are under 25 years of age, complete the following:

With whom do you live?       Both Parents       Mother only       Father only  
 Legal Guardian       Spouse  
 Rent own apartment       Other: \_\_\_\_\_

Are your parents:       Married, living together       Separated       Divorced

Parent/Guardian I Information

Name		Relationship	Living/Deceased
Street Address		City	State      Zip Code
-      -	-      -	-      -	-      -
Home Telephone	Fax Number	Work Telephone	
Occupation	Name of Employer		
City	State		
Email address			

Parent/Guardian II Information

Name		Relationship	Living/Deceased
Street Address		City	State      Zip code
-      -	-      -	-      -	-      -
Home Telephone	Fax Number	Work Telephone	
Occupation	Name of Employer		
City	State		
Email address			

Who will be responsible for your college expenses?       Father       Mother       Self  
 Other: \_\_\_\_\_

I certify that this information is true and complete to the best of my knowledge. Falsification of information on this application could invalidate acceptance and enrollment. I authorize any schools or colleges I have previously attended to release my personal and academic information to Valley Forge Military Academy & College representatives. I agree that my college grades may be used for statistical studies or sent to my previous schools for evaluation purposes. I understand that official high school or college academic transcripts and the results of my SAT/ACT examinations must be received by the VFMAC Office of Admission before any admissions decisions can be made.

\_\_\_\_\_  
Signature      Date

Admissions decisions are made at the sole discretion of the Valley Forge Military Academy and College Admissions Committee. It is Valley Forge Military Academy and College's policy not to disclose the reason for an applicant being denied admission.



Valley Forge Military College  
1001 Eagle Road  
Wayne, PA 19087-3695  
(610) 989-1300

**AUTHORITY FOR RELEASE OF INFORMATION AND RECORDS**

The Family Educational Rights and Privacy Act of 1974, effective November 11, 1974, prohibits the release of any personally-identifiable information contained in a student's record, except where specified by law, without written request of the individual legally responsible, who shall specify what records are to be released, the reason(s) for the release, and to whom the information is to be sent.

**High School Academic Record Release Statement**

I (We) request that:

(Name of School) \_\_\_\_\_

(Street Address) \_\_\_\_\_

(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code) \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Country Code: \_\_\_\_\_ City Code: \_\_\_\_\_

Fax: (\_\_\_\_\_) \_\_\_\_\_ CEEB Code: \_\_\_\_\_

to release the complete school record of:

\_\_\_\_\_  
(Applicant's Full Name)

to include, where applicable, secondary standardized test results; the secondary school activity record; any special record to include special education (A. learning disabled, B. emotionally disturbed) classification, if any, and reasons; testing or psycho-educational evaluations; resource room, IEP or learning support programs; and a transcript of courses, grades, and credits.

These records should be sent to: Director of Enrollment Management and Financial Aid  
Valley Forge Military Academy & College  
1001 Eagle Road, Medenbach Hall  
Wayne, PA 19087-3695

- I (We) hereby authorize and consent to the release of information and records bearing on my personal history, academic record to any authorized representative of Valley Forge Military Academy & College.
- This authorization includes permission to obtain copies and abstracts of records and information regarding my background.
- The information will be used to assist the Admissions committee relative to my application for enrollment at Valley Forge Military Academy & College.
- This authorization is valid for a period of one year commencing on the date signed below. Upon request, a copy of this signed statement may be furnished to the school, doctor, reference or other person furnishing such information or record. Copies of this release may substitute for the original.

\_\_\_\_\_  
(Signature of Applicant) (Date)

\_\_\_\_\_  
(Signature of Person Legally Responsible for Applicant) (Date)

\_\_\_\_\_  
(Printed Name of Applicant) (Date)

\_\_\_\_\_  
(Printed Name of Person Legally Responsible for Applicant)