



Hon. Lisa Baker
Legislative Appointment
Application

22 Dallas Shopping Center
Dallas, PA 18612
(570) 675-3931

APPLICANT INFORMATION

Date _____

Your Name: Last First Middle

Gender Male Female Age: Date of Birth:

Address: Street Apt.

City State Zip Code Country

Home Phone () Cell Phone ()

Email: Social Security Number: - -

Are you a U.S. Citizen? Yes No

EDUCATIONAL PLANS

Term and Year of Entry: Fall (August) Spring (January)

Are you enrolling as a: College Freshman College Sophomore

Which is your probable area of study: Business Administration Criminal Justice
Engineering Liberal Arts Science Undecided

Are you interested in the ROTC Two-Year Early Commissioning Program? Yes No

Have you previously attended Valley Forge Military Academy and College? Yes No

If YES, please provide the most recent year attended: or year VFMA graduation date:

Will your enrollment at VFMAC be sponsored by one of the U.S. Service Academies/Foundation?
Yes No

If YES: Which Service Academy/Foundation?

Are you a veteran of the U.S. Armed Forces? Yes No

If YES, please complete a, b, and c: a) Branch of Service:

B) Discharge Date: c) Type of Discharge:

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:

Father/Male Guardian 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 | | | | |

Mother/Female Guardian 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.

You must attach a copy of your high school transcript along with a copy of your SAT or your ACT scores.