

State Representative Francis X. Ryan
101st Legislative District
1044 East Main Street
Palmyra, PA 17078



Legislative Appointment Application

Valley Forge Military College
1001 Eagle Road
Wayne, PA 19087-3695
www.vfmac.edu

\$25 non-refundable application fee required

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 (____) ____ - ____ Fax # (____) ____ - ____

Email: _____

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 Justice and Security Studies
Liberal Arts Undecided Health and Biological Science Physical Science

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: _____

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EDUCATIONAL BACKGROUND

High Schools Attended—Please list each high school you have attended and Valley Forge will request the transcript with the enclosed Release Form.

High School Name Location (City, State) Dates Attended (month/year)

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:

- Plan to transfer into a four-year college/university Uncertain at this time
 Plan to enroll in one of the service academies 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.

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

In which 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

Father/Male Guardian Information

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

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

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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.



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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)