

Hon. Scott Hutchinson Legislative Appointment Application

302 Seneca Street Oil City, PA 16301 (814) 677-6345

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	e ()		
Email:	Social Security Number:			
Are you a U.S. Citizen?	□Yes □No			
EDUCATIONAL PLANS Term and Year of Entry: ☐Fall (August)	OSpring (J	January)		
Are you enrolling as a:	an 🗆 College	Sophomore		
Which is your probable area of study: ☐Engineering ☐Liberal Ar				
Are you interested in the ROTC Two-Year Ea	arly Commissioning Pro	gram? □Yes □No		
Have you previously attended Valley Forge I	Military Academy and C	ollege? □Yes □No		
If YES, please provide the most recent year	attended: or y	ear VFMA graduation date:		
Will your enrollment at VFMAC be sponsored Tyes No If YES: Which Service Academy/Foundation?				
Are you a veteran of the U.S. Armed Forces: If YES, please complete a, b, and c: a) B		No		
B) Discharge Date: c) T <u>Educational Background</u> High School Attended:				
Date of Graduation:	Date of GED: _	Date of GED:		
What is your cumulative/overall high sc	hool Grade Point Avera	ge?		
If you have completed an SAT or ACT ex	amination, please prov	ride your Score:		

Have you attended College any	ywhere else prior to appl	ying to Valley Fo	rge? 🗆 Yes	□No
Colleges Attended— If you hav secondary institutions since th from each sent to the VFMAC (en, you must indicate the	hool and have at ose below and ha	tended any po ave official tra	st- nscripts
College Name	Location (City, State)	Dates A	ttended (month	/year)
Please indicate your future place. Plan to transfer into a form of the plan to enroll in one of the pl	our-year college/universi the service academies d or expelled from school cumstances of the susper	☐ Plan to enli ? □No	☐Yes	service
Have you ever been adjudicate If YES: Please indicate the cir				□Yes
Have you spoken with a Valley if YES: Who?	Forge Military Academy Where	and College repr	resentative? 🗖	No □Yes
Have any of your relatives atte If Yes, please provide that per			years attended	i.
Are you interested in audition	ing for the Regimental Ba	nd? □No □Yes,	instrument	
In what activities would you li	ke to participate while a	t Valley Forge?		
If you are under 25 years of	age, complete the follov	ving:		
With whom do you live?	☐Both Parents ☐Legal Guardian ☐Rent own apartment	☐Mother only ☐Spouse	•	
Are vour parents:	ried living tegether	□ Constrated	CD:v	oread

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.