



Holy Names Academy: APPLICATION

728 21st Avenue East Seattle, Washington 98112
t: 206.323.4272 | f: 206.323.5254 | admissions@holynames-sea.org | www.holynames-sea.org

U.S. DEPARTMENT OF EDUCATION BLUE RIBBON SCHOOL AWARD – FOUR-TIME RECIPIENT

TO APPLY BY MAIL OR IN PERSON:

- Return this completed **Application**, with the non-refundable **Application Fee of \$30** (payable to HNA), to Holy Names Academy, 728 21st Avenue East, Seattle, WA, 98112, Attention: Ms. April Little, Vice Principal of Academics.
- Complete the front page of the **Confidential Teacher Evaluation**; give the form to a current teacher, who will mail it directly to HNA.
- Complete the front page of the **Confidential School Report/Transcript Request**; give the form to your principal or appropriate school administrator, who will mail it directly to HNA along with your **official transcript/permanent record, standardized test scores, report cards from the preceding two years, and grades/progress reports from the current year.**
- Register for the Holy Names Academy **Scholarship Placement Exam**; use the separate exam-registration form or register online (preferred).

Grade at HNA for which you are applying (please circle): 9 10 11 12

For Office Use Only
Date Rec'd _____ Paid _____

STUDENT INFORMATION:

last name first middle preferred

home address city state ZIP

(_____) home phone e-mail date of birth place of birth

religion place of worship ethnic origin (optional)

current school current grade (_____) student cell phone number

other schools attended (include years)

country of citizenship if not a U.S. citizen, please describe your current status

FAMILY INFORMATION:

parent/guardian's name relationship to student

parent/guardian's name relationship to student

address

address

city state ZIP

city state ZIP

(____) _____
home phone cell phone

(____) _____
home phone cell phone

e-mail (required)

e-mail (required)

high school attended

high school attended

college attended

college attended

company name

company name

(____) _____
business phone

(____) _____
business phone

job title

job title

SECOND HOUSHOLD (if needed):

parent/guardian's name relationship to student

parent/guardian's name relationship to student

address

address

city state ZIP

city state ZIP

(____) _____
home phone cell phone

(____) _____
home phone cell phone

e-mail (required)

e-mail (required)

high school attended

high school attended

college attended

college attended

company name

company name

(____) _____
business phone

(____) _____
business phone

job title

job title

