



Holy Names Academy: APPLICATION

728 21st Avenue East Seattle, Washington 98112
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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 \$35** (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

Number of children in your family, including yourself: _____

Please list your brothers and sisters:

name	age	current school	name	age	current school
_____	/	_____	_____	/	_____
_____	/	_____	_____	/	_____
_____	/	_____	_____	/	_____

Please list close relatives who graduated from or are attending Holy Names Academy or other Holy Names schools:

name (including maiden name)	relationship to student	name of school (HNA, St. Mary's, etc.)	graduation year
_____	/	_____	/
_____	/	_____	/
_____	/	_____	/
_____	/	_____	/
_____	/	_____	/

List co-curricular activities in which you have participated (athletics, fine arts, organizations, community service, etc.). You may attach a list as a separate page if you prefer.

Describe achievements, honors, awards. You may attach a list as a separate page if you prefer.

TO BE COMPLETED BY PARENT/GUARDIAN:

In the past three years, has your daughter been evaluated for a learning difference, including, but not limited to, a learning disability? Yes No

If yes, please attach copies of all educational testing and assessment.

Has your daughter ever received educational support for a learning difference during the past three years? Yes No

If yes, please describe: _____

Are there any other special circumstances (for example, academic, social, or family) of which we should be aware? Yes No

If yes, please describe: _____
