



**Application Requirements:** Academy Applications are welcomed from young men in mainstream classes who have demonstrated good citizenship and who are motivated to become cadets. Applicants should be physically fit and free from any factors that could limit their full participation in cadet life. All applications are screened upon receipt by Admissions in order to ensure that they are competitive and also by the medical staff, because some conditions cannot be supported at Valley Forge.

**The submission of a completed Valley Forge application form with payment of the non-refundable \$100 application fee is required to be classified as an applicant.**

**Application Process:** Please follow these procedures carefully.

**Applicant Visit and Tour:**

The Applicant must schedule an interview visit. Appointments are available Monday through Friday between 9 am and 3 pm.

**Transcripts/Grades:**

The Applicant must request that his school send his transcript directly to Valley Forge. Ask that they include standardized testing, Resource Room, IEP or other learning support programs to include testing and/or psycho-educational evaluations. Grades from the last three academic years are needed.

**Evaluations:**

Evaluations are required from the applicant's current Guidance Counselor, English and math teachers. We will request these forms directly from the applicant's current school upon receipt of a completed application and release form. These forms can also be found on our website.

**Testing:**

The Admissions Committee will review the applicant's current, standardized test scores as provided by his current school. If needed, the applicant will be asked to take the Valley Forge entrance exam.

**Medications and Counseling:**

1) The prescribing physician must supply a written statement, on office letterhead, of the diagnosis, prognosis, medication by name, dosage, and frequency of use for all medications taken on a regular basis. This is best sent with the application but may be faxed to Admissions at 610-688-1545.

2) Applicants who have seen a psychiatrist, psychologist, counselor or other therapist in the last three years will be provided with a detailed questionnaire to be completed and returned by the health care provider.

**A decision cannot be rendered until the applicant's file is complete.**

**Formal Decision:** Once a file is complete it will be sent to the Admissions Committee for review. The family will be notified in writing of the Admissions Committee's decision.

**Acceptance and Enrollment Deposit:** Once written notification of acceptance has been received, an Enrollment Deposit of \$500 payable to VFMA is required. This payment: is credited toward the cost of tuition; verifies intent to matriculate; and actually assigns the student to a bed in the barracks.

Please call the Office of Admissions at 1-866-923-VFMA or 610-989-1490 if you have any questions.



Valley Forge Military Academy  
1001 Eagle Road  
Wayne, PA 19087-3695  
[www.vfmac.edu](http://www.vfmac.edu)  
Phone: (610) 989-1490  
(866) 923-VFMA  
Fax: (610) 340-2194

### STUDENT INFORMATION

Student Name: \_\_\_\_\_  
Last First Middle

Mailing Address: \_\_\_\_\_  
Street Apartment/Bldg

City State Zip Code

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Country Code: \_\_\_\_\_ City Code: \_\_\_\_\_

Student Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Student Email: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Country of Birth: \_\_\_\_\_  
Month Day Year

Country of Citizenship: \_\_\_\_\_ Dual Citizenship: \_\_\_\_\_

International - Non-U.S. Citizens must complete the following questions:

Student's Native Language: \_\_\_\_\_ Is student fluent in English?  Yes  No

Type of Visa student has: \_\_\_\_\_ Will he need an I-20?  Yes  No

Please provide copy of Visa with this application. Resident Alien (R/A) Number \_\_\_\_\_

### EDUCATIONAL PLANS

To begin at VFMA in the:  Fall Semester August 20\_\_\_\_ or  Spring Semester January 20 \_\_\_\_

Boarding School or  5 Day Boarding School or  Day School

Has the applicant previously attended Valley Forge Military Academy?  No  Yes  
If YES: Please indicate his serial number \_\_\_\_\_ and the last year he attended: \_\_\_\_\_.

Has the applicant ever attended VFMA Summer Camp?  No  Yes  
If YES, please list dates attended: \_\_\_\_\_

In which grade does the applicant plan to enroll?

- 6<sup>th</sup> grade (7<sup>th</sup> Class) Day School Only
- 7th grade (6th Class) Applicant's last completed grade: \_\_\_\_\_
- 8th grade (5th Class)
- 9th grade (4th Class) Applicant's cumulative GPA: \_\_\_\_\_
- 10th grade (3rd Class)
- 11th grade (2nd Class)
- 12th grade (1st Class)

In which specialized unit is the applicant interested? Please select only one option. If you do not select a specialized unit, your son will be assigned to a standard Infantry unit.

- D-Troop (Equestrian Unit)\*  E-Battery (Motorized Unit)\*
- Band (Audition Required)  Drum & Bugle Corps (no music experience necessary)

- Please see current pricing for D-Troop and E-Battery fees.

**Educational Background**      *All questions on this page must be answered.*

Please list each school the applicant has attended in the last three years. Include complete mailing address for each school as well as grade attended and the dates of attendance.

School: \_\_\_\_\_ Grade(s) attended: \_\_\_\_\_ School Year(s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
City State Zip

Phone Number: \_\_\_\_\_ FAX Number: \_\_\_\_\_

School: \_\_\_\_\_ Grade(s) attended: \_\_\_\_\_ School Year(s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
City State Zip

Phone Number: \_\_\_\_\_ FAX Number: \_\_\_\_\_

School: \_\_\_\_\_ Grade(s) attended: \_\_\_\_\_ School Year(s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
City State Zip

Phone Number: \_\_\_\_\_ FAX Number: \_\_\_\_\_

Please list applicant's extracurricular activities, athletics, awards, honors, and distinctions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Answer all questions either "yes" or "no" and include a brief explanation if required.**

Has the applicant ever been suspended?  
 No     Yes    Grade: \_\_\_\_\_

Reason: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has the applicant ever been expelled?  
 No     Yes    Grade: \_\_\_\_\_

Reason: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has the applicant ever been counseled by the juvenile authorities or arrested for any offense other than a traffic violation?  No     Yes    If YES: Please indicate the circumstances of this adjudication.

Be specific. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Has the applicant received tutoring, counseling, or remedial educational instruction to assist learning or academic performance, whether inside or outside the school environment? (e.g. IEP, 504 Plan)

No     Yes    If YES: Please describe the circumstances relating to the academic accommodation.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is the applicant currently in a mainstreamed academic program?  Yes     No

**MEDICAL INFORMATION**

*All questions on this page must be answered.*

Does the applicant take any type of medication on a regular basis?  Yes  No

To insure that VFMA is able to provide all students with proper medical support, please list any medications that the applicant is required to take, or takes, on a regular basis. Please provide the reason for each medication.

Medication \_\_\_\_\_ Dosage: \_\_\_\_\_ Reason: \_\_\_\_\_

Medication \_\_\_\_\_ Dosage: \_\_\_\_\_ Reason: \_\_\_\_\_

Medication \_\_\_\_\_ Dosage: \_\_\_\_\_ Reason: \_\_\_\_\_

Please have the prescribing physician provide a written statement, on office letterhead, of the diagnosis, prognosis, and medication by name, dosage and frequency of use for all medications taken on a regular basis. This is best sent with the application but may be faxed to Admissions at 610-340-2194.

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Has the applicant received counseling or assistance for emotional or behavioral problems or difficulties in the last three years that may affect his ability to live independently away from home or that reflects a lack of self-discipline that includes but is not limited to the following (check all that apply):

- Low self-esteem
- Depression
- Eating Disorders
- Drug or Alcohol Use
- Confrontational behavior or problems with authority
- Violent, aggressive, or anti-social behavior
- Suicide or self-destructive behavior
- Nothing on this list

Other, please explain: \_\_\_\_\_

If any box is checked above, provide the dates your student received such assistance and the name, address, and telephone number of the therapist, counselor or other person who provided the assistance or counseling.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Date & Reason(s) for treatment: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

.....  
As part of its core curriculum, VFMA requires its students to participate in certain activities of a physical nature (e.g., Physical Training or marching in formation). Do you know of any reason the applicant could not participate in such activities?  No  Yes If YES: Please explain.

**OTHER INFORMATION**

How did you learn of Valley Forge Military Academy? \_\_\_\_\_

Have you spoken with a Valley Forge Military Academy representative?  No  Yes

If YES: Who? \_\_\_\_\_ Where? \_\_\_\_\_ Date: \_\_\_\_\_

Does the applicant have a relative who has attended VFMA&C?  No  Yes

Name _____	Relationship _____	Year Attended VF _____
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**FAMILY INFORMATION**

**Parent/Stepparent**

Name: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

Home Mailing Address: \_\_\_\_\_  
Street Apartment/Building

\_\_\_\_\_ City State/Country or Province Zip Code

Country Code: \_\_\_\_\_ City Code: \_\_\_\_\_ Home Email: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ - Home Fax #: (\_\_\_\_\_) \_\_\_\_\_ -

Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ - Work Email: \_\_\_\_\_

Work Phone: (\_\_\_\_\_) \_\_\_\_\_ - Work Fax # (\_\_\_\_\_) \_\_\_\_\_ -

Employer/Business Name: \_\_\_\_\_ Title: \_\_\_\_\_

Business Address: \_\_\_\_\_  
Street Suite/Floor

\_\_\_\_\_ City State/Country or Province Zip Code

**Parent/Stepparent**

Name: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

Home Mailing Address: \_\_\_\_\_  
Street Apartment/Building

\_\_\_\_\_ City State/Country or Province Zip Code

Country Code: \_\_\_\_\_ City Code: \_\_\_\_\_ Home Email: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ - Home Fax #: (\_\_\_\_\_) \_\_\_\_\_ -

Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ - Work Email: \_\_\_\_\_

Work Phone: (\_\_\_\_\_) \_\_\_\_\_ - Work Fax # (\_\_\_\_\_) \_\_\_\_\_ -

Employer/Business Name: \_\_\_\_\_ Title: \_\_\_\_\_

Business Address: \_\_\_\_\_  
Street Suite/Floor

\_\_\_\_\_ City State/Country or Province Zip Code

**Guardian**

Name: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

Home Mailing Address: \_\_\_\_\_  
Street Apartment/Building

\_\_\_\_\_ City State/Country or Province Zip Code

Country Code: \_\_\_\_\_ City Code: \_\_\_\_\_ Home Email: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ - Home Fax #: (\_\_\_\_\_) \_\_\_\_\_ -

Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ - Work Email: \_\_\_\_\_

Work Phone: (\_\_\_\_\_) \_\_\_\_\_ - Work Fax # (\_\_\_\_\_) \_\_\_\_\_ -

Employer/Business Name: \_\_\_\_\_ Title: \_\_\_\_\_

Business Address: \_\_\_\_\_  
Street Suite/Floor

\_\_\_\_\_ City State/Country or Province Zip Code

**Parents Marital Status**

**CHECK ALL BOXES THAT APPLY**

- Parents Married
- Parents Separated
- Parents Divorced
- Father Remarried
- Mother Remarried
- Father Deceased
- Mother Deceased
- OTHER: Be specific

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Legal Custody Status**

**CHECK CORRECT BOX BELOW**

- Joint legal custody with Mother and Father
- Sole custody by Father\*
- Sole custody by Mother\*
- Legal Guardian other than Parent - provide court Document to Admissions

\*State restriction re: custody or contact by non-custodial parent: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Responsibility for Tuition**

**Indicate Person to be Billed**

- Parents at Home Address
- Father Only
- Mother Only
- Father and Stepmother
- Mother and Stepfather
- Other (Court Order)

Applicant currently lives with: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please provide Admissions with a copy of the court ordered custody agreement (initial page and page that includes custody arrangements for applicant).

**If custody is \*joint**, or if responsibility for payment is to be shared by mother and father or borne by the non-custodial parent, then **this application must be signed by both parents**.

Signature(s) on this application form shall constitute the agreement of the parent(s) signing to be individually and fully responsible for all tuition and other charges and shall constitute a representation by the signatory that he/she is authorized and legally empowered to sign all releases and other documents in connection with the application.

The undersigned parent/guardian and student understand and agree, that the enrollment of the undersigned student at VFMA is subject to and expressly conditioned upon the student's compliance with the terms, conditions, rules, and policies stated in the VFMA Catalog and in other written statements, which may be amended from time to time. Each understands that the undersigned student and parent are expected to follow these rules, regulations, and policies, and that failure to do so may result in corrective action, which may include dismissal from VFMA.

We certify that information provided in the Application for Admission is true and complete to the best of our knowledge. Falsification of information on this application could invalidate acceptance and enrollment. We also authorize any schools previously attended to release the applicant's personal and academic information to Valley Forge Military Academy representatives.

_____	_____
Signature of Student	Date
_____	_____
Signature of Parent/Guardian	Date
_____	_____
Signature of Parent/Guardian	Date

**Please remember to enclose your non-refundable \$100 Application Fee with the Application for Admission.**

Admissions decisions are made at the sole discretion of the Valley Forge Military Academy Admissions Committee. It is Valley Forge Military Academy's policy not to disclose the reason for an applicant being denied admission.



**VALLEY FORGE**  
**MILITARY ACADEMY**

**AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION**

**RE:** \_\_\_\_\_  
 \_\_\_\_\_  
 (Full Legal Name of Student Applicant)

**Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Social Security Number:** \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
 Month Day Year

The undersigned are the legal parent(s)/guardian(s) of the above named applicant, who is seeking admission to Valley Forge Military Academy. This release authorizes all schools, teachers, administrators, counselors, tutors, educational advisors, doctors, physicians, psychiatrists, psychologists, therapists, or others who have provided the applicant with instruction, assistance, tutoring, remedial or learning aid, performance assistance, educational counseling, counseling, assistance or treatment for emotional or behavioral difficulties to release to VFMA all information, documents, transcripts, records, reports, notes, evaluations, diagnosis or records relating to such instruction, assistance, tutoring, remedial or learning aid, performance assistance, educational counseling, counseling, assistance or treatment for emotional or behavioral difficulties.

In addition, this release authorizes any persons who have provided such assistance, tutoring, aid, or counseling to answer any and all questions that may be asked by VFMA with respect to the applicant.

The undersigned represent and warrant they have read this release, fully understand its contents, have the legal authority to execute the release, and intend to authorize the disclosure of the above-described information.

\_\_\_\_\_  
(Printed Name of Parent or Guardian)

\_\_\_\_\_  
(Printed Name of Parent or Guardian)

\_\_\_\_\_  
(Signature of Parent or Guardian)

\_\_\_\_\_  
(Signature of Parent or Guardian)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Date)

This authorization is valid for a period of one year commencing on the date signed above.



VALLEY FORGE  
MILITARY ACADEMY

**AUTHORIZATION FOR RELEASE OF RECORDS**

**RE:**

\_\_\_\_\_ (Name of Student Applicant)

**Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Social Security Number:** \_\_\_\_-\_\_\_\_-\_\_\_\_  
Month Day Year

The Family Educational Rights and Privacy Act of 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) of the release, and to whom the information is to be sent.

**ACADEMIC RECORDS RELEASE STATEMENT**

I (We) request that (Name of School) \_\_\_\_\_

Located at (Street Address): \_\_\_\_\_

City: \_\_\_\_\_ State/Country: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Country Code: \_\_\_\_\_ City Code: \_\_\_\_\_

...release the complete school record of the student named above, to include, where applicable, standardized test results; the school activity record; any special record to include special education (learning disabled or emotionally disturbed) classification, if any, and reasons; testing or psycho-educational evaluations; Resource Room, IEP or learning support programs, to include testing or psycho-educational evaluations; and a transcript of courses, grades and credits.

These records should be sent to: Valley Forge Military Academy and College  
Office of Admissions - Shannon Hall  
1001 Eagle Road  
Wayne, PA 19087-3695

- Ⓢ I (We) hereby authorize and consent to the release of information and records bearing on the student's personal history and/or academic record to any authorized representative of VFMA.
- Ⓢ This authorization includes permission to obtain copies and abstracts of records and information regarding the student's background.
- Ⓢ The information will be used to assist the Admissions Committee relative to the student's application for enrollment at Valley Forge Military Academy.
- Ⓢ This authorization is valid for a period of one year commencing on the date signed below. Upon request, a copy of the 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.

\_\_\_\_\_  
(Printed Name of Applicant)

\_\_\_\_\_  
(Printed Name of Parent or Guardian)

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Signature of Parent or Guardian)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Date)