

Applicant's Legal Name: _____
(Please print) Last First Middle

Applying for Grade: _____

Sacred Hearts Academy

Henriette Memorial Scholarship



Application for Admission

Sacred Hearts Academy ♦ 3253 Waialae Avenue ♦ Honolulu, Hawaii 96816

(808) 734-5058 ♦ Fax: (808) 737-7867 ♦ www.sacredhearts.org

“Educating Young Women To Make A Difference”



APPLICATION FOR ADMISSION

Date: _____ Entering Grade: _____ Social Security No. _____

Applicant's Legal Name: _____
Last First Middle

Address: _____

City State Zip

Phone: _____ Birthdate: _____

Current school: _____ Grade: _____

Family Religious Affiliation: _____ Church: _____

U. S. Citizen? Yes No *If not a citizen, indicate current immigration status:*

Citizenship: _____ Permanent resident (Green Card)

Immigration Visa # _____ Type _____

Family Information

Father's Name: _____
Last First Middle

Home address, if different from above: _____
City State Zip

Phone: _____ Email: _____

Employer: _____ Occupation: _____

Business phone: _____ Cell phone: _____

Mother's Name: _____
Last First Middle

Academy Alumna? Yes No *If yes, year graduated* _____ *Maiden Name* _____

Home address, if different from above: _____
City State Zip

Phone: _____ Email: _____

Employer: _____ Occupation: _____

Business phone: _____ Cell phone: _____

Please list siblings or other relatives who are or have been Academy students:

_____	_____	_____
<i>Name (First/Maiden/Last)</i>	<i>Class</i>	<i>Relationship</i>
_____	_____	_____
<i>Name (First/Maiden/Last)</i>	<i>Class</i>	<i>Relationship</i>
_____	_____	_____
<i>Name (First/Maiden/Last)</i>	<i>Class</i>	<i>Relationship</i>
_____	_____	_____
<i>Name (First/Maiden/Last)</i>	<i>Class</i>	<i>Relationship</i>
_____	_____	_____
<i>Name (First/Maiden/Last)</i>	<i>Class</i>	<i>Relationship</i>

Please describe the applicant's extracurricular activities – church, athletic and community activities, talents or interests:

Why is the applicant interested in attending the Academy?

Whom may we thank for your application to the Academy?

Recommendation from:

An Academy parent? (Name) _____

An Academy alumna? (Name) _____

A friend? (Name) _____

An Academy publication? (Which) _____

Other _____

A \$35 non-refundable application fee is required with this application. Upon admission to the Academy, a \$250 tuition deposit is required; it will be applied to the first tuition payment. This deposit will secure your daughter's place in her class for the upcoming school year.

I understand and agree to the above statement, and hereby submit my daughter's application for admission to Sacred Hearts Academy.

Father/Guardian Name (please print)

Date

Father/Guardian Signature

Date

Mother/Guardian Name (please print)

Date

Mother/Guardian Signature

Date

Sacred Hearts Academy admits students of any race, color, nationality and ethnic origin to all rights, privileges, programs and activities generally accorded or made available to students. It does not discriminate on the basis of race, color, national and ethnic origin in the administration of its educational policies and financial aid, athletic and other administered programs.