



Please
Attach
Current
Photo of
Applicant

APPLICATION FOR POST GRADUATE LEADERSHIP PROGRAM

Applying for School Year: 2012-2013 2013-2014

Applying for Program: Service Academy Prep Post Graduate Advantage Year

Student's Name: _____
Last First Middle

Age: _____ Birth Date: _____/_____/_____ Place of Birth: _____ Current Grade: _____
Month Day Year

SSN # _____ Citizenship: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: (_____) _____ Mobile Phone: (_____) _____

E-mail: _____

ACADEMIC INFORMATION

Name of High School: _____ Graduation Date: _____

Address: _____
Street Address

_____ City State Zip

Cumulative High School GPA: _____ on a _____ scale.

SAT Composite Score: _____ ACT Composite Score: _____

Type of Diploma: High School Diploma Certificate of Completion GED

Notice of Nondiscriminatory Policy as to Students

St. John's Northwestern Military Academy admits students of any race, color, national or ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national or ethnic origin in administration of its education and admissions policies, scholarship, athletic, and other school-administered programs.

PARENTS/GUARIANS INFORMATION

Please check as applicable for future mailings: Birth Parents Married Birth Parents Divorced*
 Birth Parents Separated* Mother Remarried Father Remarried
 Mother Deceased Father Deceased Other: _____

Legal custody: Joint Legal Custody with Mother and Father Sole Legal Custody by Mother
 Sole Legal Custody by Father Legal Guardian other than Parents

Responsibility for tuition and other fees:
 Jointly with Mother and Father Mother Only Father Only Other

*If you marked that birth parents are divorced or separated, attach a copy of the portion of your divorce decree that pertains to insurance, payment of expenses for the child and educational placement.

Father's/Guardian's Full Name:

Last Name(s) First

Home Address:

Street

(Additional Address Line)

(Additional Address Line)

City State Zip Code Country

Telephone: () _____

Cell Phone: () _____

Home Fax: () _____

Home E-mail: _____

Employer:

Job Title:

Business Address:

Street

(Additional Address Line)

(Additional Address Line)

City State Zip Code Country

Telephone: () _____

Work Fax: () _____

Work E-mail: _____

Mother's/Guardian's Full Name:

Last Name(s) First

Home Address:

Street

(Additional Address Line)

(Additional Address Line)

City State Zip Code Country

Telephone: () _____

Cell Phone: () _____

Home Fax: () _____

Home E-mail: _____

Employer:

Job Title:

Business Address:

Street

(Additional Address Line)

(Additional Address Line)

City State Zip Code Country

Telephone: () _____

Work Fax: () _____

Work E-mail: _____

SCHOOL INFORMATION

Please list all the schools you attended and dates of attendance from 9th through 12th grade . It is very important to complete this section completely.

School Name: _____ From: _____ To: _____

School Address: _____

_____ Phone: (_____) _____
City State Zip Code

Guidance Counselor: _____ Counselor E-Mail: _____

School Name: _____ From: _____ To: _____

School Address: _____

_____ Phone: (_____) _____
City State Zip Code

Guidance Counselor: _____ Counselor E-Mail: _____

School Name: _____ From: _____ To: _____

School Address: _____

_____ Phone: (_____) _____
City State Zip Code

Guidance Counselor: _____ Counselor E-Mail: _____

EXTRACURRICULAR ACTIVITIES

Please list any athletics, clubs, organizations or extracurricular activities that you participated in and the dates. Also, list any musical instruments that you play, world languages that you speak or examples of leadership.

NOMINATIONS

Please complete this section if you are applying for the St. John’s Northwestern Military Academy Post Graduate Leadership Program for the purpose of attending a Service Academy.

- Which Service Academy do you wish to apply to? U.S. Air Force Academy
 U.S. Coast Guard Academy
 U.S. Merchant Marine Academy
 U.S. Military Academy at West Point
 U.S. Naval Academy - Annapolis

Have you attended a Service Academy Summer Session? Yes No

If yes, which one(s) and what date(s)? _____

Have you previously applied for a nomination to a Service Academy (Congressional, Vice Presidential)?

- Yes No

If yes, from whom? _____

Name	Title	State
Name	Title	State

Were you awarded the nomination? Yes No

Have you begun the process for nomination for the class of 2015? Yes No

If yes, from whom? _____

Name	Title	State
Name	Title	State

Have you previously applied to a Service Academy? Yes No

If yes, which one(s) and what date(s)? _____

Have you participated in a JROTC Program? Yes No

If yes, how many years? _____

GENERAL INFORMATION

How did you hear about St. John’s Northwestern Military Academy? _____

Please list any relatives and their relationship to you who have attended St. John’s Northwestern Military Academy, St. John’s Military Academy, or Northwestern Military & Naval Academy.

Have you ever attended Camp St. John’s Northwestern? Yes No If yes, when? _____

ESSAY

On a separate sheet of paper, please type an essay explaining why you would like to attend the Post Graduate Leadership Program at St. John’s Northwestern Military Academy (250 word minimum). This will help us to understand your interest in attending the Academy and what sets you apart from other applicants as well as provide you with an opportunity to demonstrate your writing ability.

HIGH SCHOOL COUNSELOR EVALUATION

Please have a high school counselor complete this section.

Class Rank: _____ Class Size: _____ From period _____ to _____
(Month/Year) (Month/Year)

Rank is: Weighted Unweighted
 We do not rank, but this student is in the following quartile of his class:
 Top 25% Top 50% Bottom 50% Bottom 25%

GPA is: Weighted Unweighted Passing mark is: _____

Please write an evaluation of this student, and include any information about his academics or extracurricular activities that we should consider. Feel free to use a separate sheet of paper.

Signature of Counselor Please Print Name Title

School Name Address City/State/Zip Code

Phone Counselor E-Mail Date

APPLICATION PROCEDURES CHECKLIST

- ◆ Fill out this application completely. It must be submitted with a non-refundable \$100 application fee.
- ◆ Attach a current photograph (your high school graduation photograph is acceptable).
- ◆ Enclose:
 - ◇ Two letters of recommendation from non-family members. Teachers, counselors, coaches, employers, community service supervisors, etc. are appropriate.
 - ◇ A copy of your ACT or SAT results (which will be verified separately).
- ◆ Mail completed package to:

St. John's Northwestern Military Academy
1101 Genesee Street
Delafield, WI 53018-1498
Attn: Enrollment/PGLP
- ◆ Please have your high school send us two copies of your official transcript to the address listed above.
- ◆ Please contact us at (800) 752-2338 or drutherford@sjnma.org to schedule an interview with Academy officials and to ask any questions you might have.

I hereby request consideration for admission to the St. John's Northwestern Military Academy Post Graduate Leadership Program subject to the current terms of payment and prevailing rules and regulations at the school. I understand that any misrepresentation made on this application or during the admissions process may result in involuntary rejection/dismissal of my son/ward.

Signature of Student

Date

Signature of Parent/Guardian
(If applicant under the age of 18)

Date

Signature of Parent/Guardian
(If applicant under the age of 18)

Date

The Admissions Board of St. John's Northwestern Military Academy in its sole discretion shall determine admission to St. John's Northwestern Military Academy and Camp St. John's Northwestern. It is the policy of St. John's Northwestern Military Academy not to share reasons for an applicant being denied admission.

Please complete the following for the non-refundable \$100 application fee.

Check Enclosed Visa Master Card American Express # _____

Zip Code: _____ **Expiration Date:** _____ **Print Name:** _____

Signature: _____

Security: List the last three-digits of the number in the signature block on the back of your credit card _____