

Hargrave Military Academy

200 Military Drive; Chatham, VA 24531

Telephone: 800-432-2480 • FAX: 434.432.3129 • Email: admissions@hargrave.edu



APPLICATION FOR ADMISSION

Academic Year: _____

Date of Application: _____

Applying for which term? Fall Winter Summer

Applying for which status? Day Boarding Cadet

Have you spoken to an Admissions Counselor? _____
(Name of Admissions Counselor)

Statement: I hereby make my application for the admission of the young man named herein to Hargrave Military Academy. In doing so, I subscribe to the regulations and the spirit of discipline set forth by Hargrave Military Academy. In addition, I agree to the financial terms as set forth in the current supplemental material, and I **have enclosed a non-refundable \$75 (U.S. residents) or \$150 (non-U.S. residents) application fee.** I agree this fee must be paid before this application can be processed.

I. CANDIDATE INFORMATION

Name: _____
(First) (Middle) (Last) (Preferred Name)

Residential address: _____
(Street) (City) (Country) (State/postal code)

Social Security Number: _____ - _____ - _____ Date of birth: _____

Home phone: _____ Have you ever attended Hargrave before? Yes No

Age: _____ Height: _____ Weight: _____ Religious Affiliation: _____

How did you learn about Hargrave Military Academy? _____

Please check: U.S. Citizen Naturalized Citizen International (Do you need an I-20? Yes No)

Country of birth: _____ Country of citizenship: _____

Race (optional; for statistical purposes): African-American American Indian Asian Caucasian
 Hispanic Middle Eastern Other: _____

Are you applying to any other schools? _____

II. ACADEMIC INFORMATION

Current grade: _____ Grade applying for: _____

Current school: _____ Dates attended: _____

School address: _____
(Street) (City) (Country) (State/postal code)

School phone number: _____ Principal: _____

If applicable, please provide the following information for other schools attended by the candidate:

School name: _____ Dates attended: _____

School address: _____

School phone number: _____ Principal: _____

Reason for leaving: _____

School name: _____ Dates attended: _____

School address: _____

School phone number: _____ Principal: _____

Reason for leaving: _____

PLEASE ATTACH A COPY OF CANDIDATE'S MOST RECENT REPORT CARD TO THIS APPLICATION.

Does the candidate have special learning needs? Yes No Does the candidate have an active 504 Plan or an Individualized Educational Plan (IEP)? Please explain below, and attach a copy of such plan.

III. PARENT/GUARDIAN INFORMATION

Relationship to candidate: Father Mother Grandparent Guardian Other _____

Name: _____

Residential address: _____

City: _____ State: _____ Country: _____ Postal Code: _____

Business address: _____

City: _____ State: _____ Country: _____ Postal Code: _____

Occupation/Employer: _____

Home: _____ Mobile: _____ Work: _____

Email: _____

Relationship to candidate: Father Mother Grandparent Guardian Other _____

Name: _____

Residential address: _____

City: _____ State: _____ Country: _____ Postal Code: _____

Business address: _____

City: _____ State: _____ Country: _____ Postal Code: _____

Occupation/Employer: _____

Home: _____ Mobile: _____ Work: _____

Email: _____

Check as applicable: Birth parents are married Father / Mother is deceased

Birth parents are separated* Father / Mother is remarried

Birth parents are divorced* Other _____

Stepmother's name _____

Stepfather's name _____

*If birth parents are divorced or separated, please attach a copy of the legal document or divorce decree that pertains to custody, visitation, insurance, payment of expenses for the child, and educational placement.

Legal custody: Joint Legal custody with father and mother

Sole legal custody with father

Sole legal custody with mother

Legal guardian other than parents

Tuition and other charges: Jointly with father and mother

Father only

Mother only

Legal guardian other than parents

Other _____

IV. ACADEMIC AND EXTRA CURRICULAR QUESTIONNAIRE

It is critical when completing this application that applicants are truthful and forthright with all information. Hargrave Military Academy expects each family to provide a complete and accurate history of the candidate's successes as well as failures as requested on this application and during his interview. Failure to do so may result in inadequate assessment of the candidate's ability to succeed at Hargrave Military Academy.

1. Why do you want your son to attend Hargrave Military Academy?

2. Hargrave is primarily a college preparatory school, why do you feel your son would be successful here?

3. What are your son's academic strengths and weaknesses?

Please list any specific areas of interest in the space below. Be sure to include athletics, music, drama, arts, hobbies, and any involvement with community service activities and events.

Sport / Activity / Interest	Position / Team / Level / Awards	Years Involved

An advisor is someone who is interested in and supports his advisee in all areas of the school, including academics, extra curricular, and community life. Please share with us any information that may be helpful for your son's advisor to know in order to best serve your son while at Hargrave Military Academy.

V. BEHAVIORAL QUESTIONNAIRE

It is critical when completing this application that applicants are truthful and forthright with all information. Hargrave Military Academy expects each family to provide a complete and accurate history of the candidate's successes as well as failures as requested on this application and during his interview. Failure to do so may result in inadequate assessment of the candidate's ability to succeed at Hargrave Military Academy.

1. Has your son received any in- or out-of-school suspensions in the past 12 months? If yes, please provide a detailed explanation for each instance, including when, where, and why he was suspended. Include names and phone numbers for verification. Yes No

2. Has your son ever been requested to withdraw from a school? If yes, please provide a detailed explanation of the matter. Include names and phone numbers for verification. Yes No

3. Has your son ever been arrested, detained, or ticketed by the police, juvenile authority, or any department of health or social services personnel? Is your son currently under probation, court order, community service; or does he have any pending civil or criminal litigation? If yes, please provide a detailed explanation and include the names and phone numbers for verification. Yes No

4. To the best of your knowledge, has the candidate used drugs or alcohol in the past 12 months? If yes, please provide a detailed explanation of the matter. Yes No

5. To the best of your knowledge, are there any concerns regarding the inappropriate use of technology or on-line behaviors concerning you or any school? If yes, please provide a detailed explanation of the concern(s). Yes No

VI. MEDICAL INFORMATION

1. Is the candidate currently taking any medications? Yes No

If yes, provide the information requested below:

Medication: _____ Dosage: _____

Reason: _____

Medication: _____ Dosage: _____

Reason: _____

Medication: _____ Dosage: _____

Reason: _____

2. Has the candidate ever received psychiatric or psychological treatment for physical, emotional, or behavioral issues; or suffered from any mental illness? If yes, please provide a full explanation of when the treatment occurred, reasons for therapy, diagnoses, and names and phone numbers for verification. Yes No

3. Does the candidate have any physical conditions which would prevent him from participating in physical activities or the military program, or that might cause harm to himself or someone else?

If yes, please provide a full explanation. Yes No

VII. CERTIFICATION/FINANCIAL AGREEMENT

I hereby certify that my applicant named herein is of good moral character and is not under the jurisdiction of a court, except as specified herein. I pledge the officials of Hargrave Military Academy my support and cooperation in all that pertains to the welfare and honor of the Academy as a whole. I further certify that the applicant named herein does not have a physical or mental condition that would prevent him from performing the tasks of a daily routine or that would cause him to harm himself or any other Cadet.

Please initial in agreement with the above statement: _____

I have read and fully understand all of the financial information pertaining to the enrollment of the applicant named herein at Hargrave Military Academy. I further understand that the enrollment deposit provided to Hargrave Military Academy is not refundable.

Please initial in agreement with the above statement: _____

I understand that if the applicant named herein withdraws or is dismissed from Hargrave Military Academy before the end of the academic school year, I am still responsible for full cost of enrollment as agreed upon in the student contract. I further understand that I am not entitled to any refund other than unused incidental and/or student allowance funds.

Please initial in agreement with the above statement: _____

VIII. SIGNATURE

(Please print the name of the parent and/or guardian who is responsible for the applicant named herein.)

Signature: _____ Date: _____

IX. APPLICATION FEE/ENROLLMENT DEPOSIT (PLEASE CHECK ONE:)

- Waive Application Fee:** If the applicant named herein is accepted for enrollment, I authorize Hargrave Military Academy to charge the credit card listed on the next page for the \$2,000, nonrefundable enrollment deposit. The application fee will be waived.
- Pay Application Fee:** I authorize Hargrave Military Academy to charge the credit card listed on the next page for the application fee (\$75, U.S. citizens; \$150, non-U.S. citizens) **only**.

X. CREDIT CARD PAYMENT INFORMATION

Type of Credit Card: Visa MasterCard American Express Discover

Card Number: _____

Name on Card: _____

Expiration Date: _____ Security Code: _____

Residential address: _____

City: _____ State: _____ Country: _____ Postal Code: _____

Billing address (*if different*): _____

City: _____ State: _____ Country: _____ Postal Code: _____

Contact Phone Number: _____

Authorized Signature: _____ Date: _____

----- **THIS DOCUMENT WILL BE SHREDDED.** -----

Hargrave Military Academy respects your privacy;
this entire page will be shredded after your payment is processed.
If you have any questions, please feel free to contact our business office.

Hargrave Military Academy admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to its Cadets. Hargrave Military Academy does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and all other school-administered programs.