

# Application for Admission

## Fork Union Military Academy

Admissions Office

Post Office Box 278

Fork Union, Virginia 23055

(434) 842-4205 phone

(434) 842-4300 fax

Please attach a small recent photo of the student/applicant here.

**Instructions:** To begin the application process, please complete this form and mail it with the \$75 application fee to the FUMA Admissions Office. In addition to this application, please request that the student's school send his transcripts, character questionnaire, teacher recommendations, health and immunization records, and any other documentation relevant to his history as a student. If you have any questions, please call our Admissions Office.

Application Date \_\_\_\_\_

Have you already had an interview with admissions?  No  Yes — Date: \_\_\_\_\_

**Middle School:**  6th  7th  8th **Upper School:**  9th  10th  11th  12th  PG

**To enter:**  Beginning of next Academic Year (Aug)  As soon as possible  Summer Session (July)

Please print legibly. International students, please write your name exactly as it appears on passport or visa.

**Student's Full Name** \_\_\_\_\_  
First Middle Last

Preferred Name or Nickname \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_ SS# \_\_\_\_\_

Country of Birth \_\_\_\_\_ City/State of Birth \_\_\_\_\_

Citizenship \_\_\_\_\_ Province/Territory (if needed) \_\_\_\_\_

Religious Denomination or Affiliation (if any) \_\_\_\_\_

**Please provide the Full Name and Address of the Parent(s)/Guardian(s) submitting this application:**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

E-Mail \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Please describe the student's general health and explain the nature of any physical, emotional, or medical conditions that might impact his performance or full participation in FUMA's educational programs, including military and athletic activities.

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

**Please check any of the following that apply to the student:**

Parents are  divorced /  separated

Father /  Mother is deceased

Father /  Mother is remarried

Stepmother's Name \_\_\_\_\_

Stepfather's Name \_\_\_\_\_

Student now lives with

both parents /  mother /  father /

guardian named below

Guardian's Name \_\_\_\_\_

Relation to the student \_\_\_\_\_

Phone \_\_\_\_\_

E-Mail \_\_\_\_\_

# Parent Questionnaire

**The mission of Fork Union Military Academy** is to provide young men a college preparatory education in a residential, Christian environment. Using the best aspects of the military system, the Academy teaches its cadets responsibility, leadership, discipline, and pride by providing an atmosphere in which spiritual, mental, and physical growth can flourish.

**1** How well do you think the student's goals, plans, and aspirations align with FUMA's mission as described above?

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**2** Describe the student's academic performance, extra-curricular activities, or other accomplishments that best reflect the student's abilities, interests, and character.

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**3** What do you consider to be the student's most favorable characteristics and talents? (academic, social, music and arts, athletic, etc.)

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**4** Which aspects of FUMA's program have most influenced you to seek enrollment?

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**5** What personal qualities or capabilities of the student do you hope to see most improved through the student's FUMA experience?

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**6** Why do you believe FUMA would provide a better educational opportunity over the student's current school or other available school choices?

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## Parent Questionnaire (continued)

**7** How do you think the student feels about enrolling and participating in classes and activities at Fork Union Military Academy?

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### Additional Information:

**8** Please answer the following questions completely. If you answer YES to any question below, please include a brief explanation in the space immediately below the questions.

No  Yes Does the student take any medications on a regular basis?

If so, please indicate type(s) and dosage(s):

Medication \_\_\_\_\_ Dosage \_\_\_\_\_

Medication \_\_\_\_\_ Dosage \_\_\_\_\_

Medication \_\_\_\_\_ Dosage \_\_\_\_\_

No  Yes Has he experienced any significant trauma (such as the death of a parent) in the last year?

No  Yes Has he ever received (or been recommended to receive) psychological or psychiatric testing or counseling?

No  Yes Has he ever been in a special education program?

No  Yes If he has been in a special education program, has he been successfully remediated to a mainstreamed academic program?

No  Yes Has the student ever been suspended or expelled from school?

No  Yes Has he ever been taken into custody by the police or counseled by juvenile authorities?

No  Yes To the best of your knowledge, has he used illegal drugs in the past 2 years?

No  Yes To the best of your knowledge, does he drink alcohol?

No  Yes To the best of your knowledge, does he use cigarettes or tobacco products?

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## Recent School History

Please list the names, addresses, and dates of attendance for any school the student has attended during the past 3 years.

School \_\_\_\_\_ Dates Attended \_\_\_\_\_

Address \_\_\_\_\_

School \_\_\_\_\_ Dates Attended \_\_\_\_\_

Address \_\_\_\_\_

School \_\_\_\_\_ Dates Attended \_\_\_\_\_

Address \_\_\_\_\_

School \_\_\_\_\_ Dates Attended \_\_\_\_\_

Address \_\_\_\_\_

## FUMA Connections

How did you hear about FUMA? \_\_\_\_\_

What advertising/marketing have you seen that has been effective in helping you learn about FUMA? \_\_\_\_\_

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

Please list any family members or close friends who have attended Fork Union Military Academy:

Name \_\_\_\_\_ Relation \_\_\_\_\_ When at FUMA \_\_\_\_\_

Name \_\_\_\_\_ Relation \_\_\_\_\_ When at FUMA \_\_\_\_\_

Name \_\_\_\_\_ Relation \_\_\_\_\_ When at FUMA \_\_\_\_\_

## Application Agreement

In making this application, the undersigned hereby affirms his/her understanding of and agreement with the following:

- that the enrollment of each FUMA cadet is subject to the conditions and financial terms stated in the Enrollment Agreement and to the cadet's compliance with the Academy regulations and with the FUMA Honor Code;
- that cadets are enrolled from the date of entry through the last scheduled day of the school year and that the Academy does not refund or reduce tuition in the case of a cadet's absence, dismissal or withdrawal;
- that in support of the Academy's policies prohibiting the use of alcohol or illicit drugs, the undersigned gives permission (upon the cadet's enrollment at FUMA) for the Academy Administration to require the cadet, under the appropriate circumstances, to submit to alcohol/drug screening tests, the results of which will be made known to the cadet's parents;
- that the undersigned must fully disclose to the Academy all information pertaining to the student's physical, medical, educational, emotional, and psychological conditions and needs. Failure to fully disclose such information may result in separation of the cadet from the Academy without tuition reduction or refund;
- that all of the student's immunization records and health forms must be on file in the Academy Infirmary before his first day of residence at the Academy;
- and that upon the cadet's enrollment at FUMA, authorization is granted for the Academy to use images, video, audio, or other depictions of the cadet for publications or advertisements.

Sign here.



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A NON-REFUNDABLE \$75 FEE MUST ACCOMPANY THIS APPLICATION.  
Qualified applicants are accepted without regard to race, religion or national origin.