UPPER SCHOOL APPLICATION (GRADES 6- 11)

THIS PORTION TO BE COMPLETED BY THE STUDENT: Please clearly answer the following questions in the spaces provided. Handwritten responses only.

STUDENTS **INFORMATION:**

FIRST: _____ M.I._____ LAST: _____

HOME ADDRESS: _____ CITY: _____

S T A T E : _____ ZIP CODE: _____ BIRTH DATE: _____

GRADE APPYING: _____ Y E A R APPLYING: 20 _____

GENDER FEMALE ☐ MALE ☐

ETHNICITY: LATINO/HISPANIC ☐ AFRICAN ☐ NATIVE AMERICAN ☐

BLACK/AFRICAN AMERICAN ☐ ASIAN/PACIFIC ISLANDER ☐

WHITE/ CAUCASIAN ☐ OTHER _____

1. What are your plans for the future and what motivates you to stay focused on achieving those plans?

_____

_____

_____

_____

_____

2. What kind of impact do you hope to have on your classmates and school community?

_____

_____

_____

_____

_____

Hope Academy: 710 E. 24th St. Minneapolis, MN 55404
Email: admissions@hopeschool.org
Fax number: 612-489-5150

Hope Academy

3. How would you hope to grow by being in a community of people who are following Jesus together?

4. What are your interests and what activities would you like to be involved in at Hope Academy?

5. What most excited you about potentially attending Hope Academy, and what least excited you?

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Hope Academy

STUDENT AGREEMENT:

As a student, I will work to achieve my full potential academically, will joyfully be trained in the discipline and instruction of the Lord, and will honor and obey the teachers and staff of Hope Academy.

_____ _____

Student's Signature Today's Date

Please email this application to the address below or to your admissions coordinator.
You may also bring it with you to your second visit for the Hope Academy admissions assessment.

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