



**Holy Family**  
UNIVERSITY

**High School Partnership Application**

Name: (First) (Middle) (Last)

High School Attended:

Social Security Number: Date of Birth:

Home Telephone: Cell Telephone:

E-mail Address: Gender:

Home Address: (Street Address) (City) (State) (Zip)

Term: Year: Course:  
(include subject, number and section, e.g ENGL 101 A)

Please list your secondary school activities and any honors obtained:

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Applicant's signature – I certify that the answers to the above are truthful and complete to the best of my knowledge and belief. Any omission, misrepresentation, or misstatement of a material fact on the application may be the basis for denial of admission, or if admitted, dismissal from the University. I authorize the secondary school and/or colleges I have attended to release transcripts, test scores, recommendations, and such other information required to Holy Family University. Also, I authorize Holy Family University to provide the secondary school or college that I attended with information regarding my collegiate achievement, if I am accepted for admission. I understand that all the credentials submitted in support of this application become property of the University and are not returnable.

Signature of Applicant: Date:

Signature of Parent/Guardian: Date:

***Please attach your letter of permission from your high school.***