

**THE HONORABLE HILDA L. SOLIS
ACADEMY INFORMATION FORM**

Name: _____ Social Security No.: _____
(Last, First, Middle)

Address: _____ Telephone No.: (____) _____
_____ Date of Birth: _____

Name of Parents: _____ Place of Birth: _____

Parents' Addresses (if different) _____

Expected Date of Graduation: _____ High School Attended: _____

SAT Scores: Math: _____ Verbal: _____ GPA: _____ Rank in Class: _____

Height: _____ Weight: _____ Vision: _____

EXTRA CURRICULAR ACTIVITIES

Work Experience: _____

Jr. ROTC: _____

Student Government: _____

School Clubs: _____

School/Sports/Band/Etc.: _____

Church/Community Clubs/Service: _____

Honors/Awards: _____

Other: _____

REASONS(S) FOR WANTING TO ATTEND AN ACADEMY: _____

ACADEMY CHOICES IN ORDER OF PREFERENCE:

1. _____ 3. _____

2. _____ 4. _____

I VERIFY THAT I AM A RESIDENT OF THE THIRTY-SECOND DISTRICT.

Applicant Signature: _____ Date: _____