

Please complete this application and return with any required fees to Mountain State University Academy, PO Box 9003, Beckley, WV 25802. For further information, please call 304.253.7351

# ADMISSION APPLICATION



Return all materials to: Dean of the Academy, Mountain State University, Box 9003, Beckley WV 25802-9003, Telephone 304.253.7351, Fax 304.253.3487 or respond via e-mail to [msuacademy@mountainstate.edu](mailto:msuacademy@mountainstate.edu).

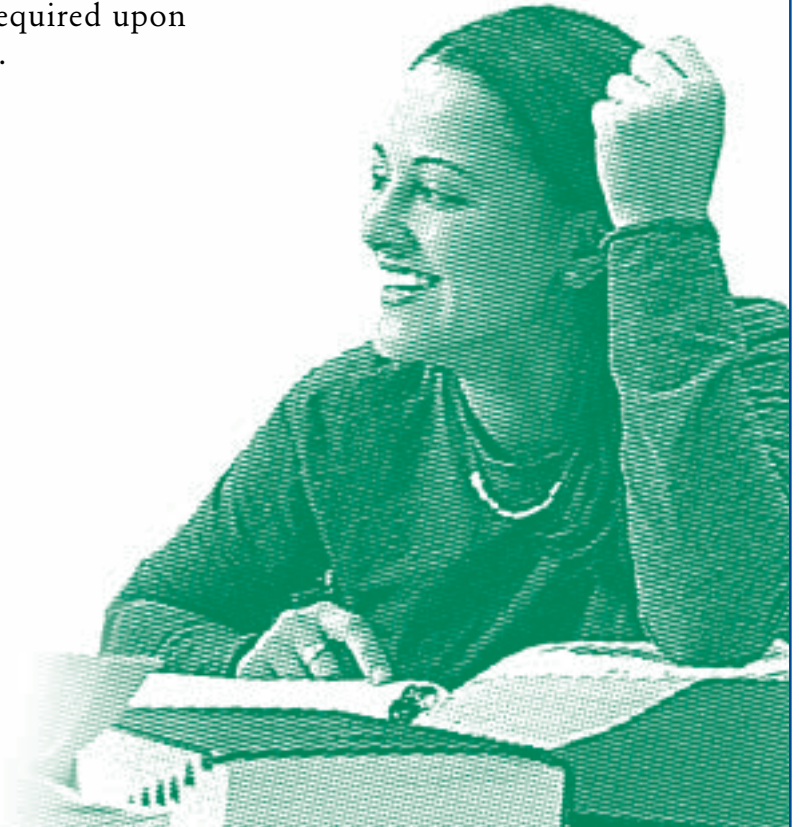
*Except as necessary to fulfill a bona fide occupational qualification, Mountain State University does not discriminate in administering its employment procedures, educational procedures, admissions procedures, scholarship and/or loan programs, and/or athletic and/or other school administered programs on the basis of race, religion, color, national origin, ancestry, sex, age, blindness, disability, familial status, or veteran status, nor on the basis of any other characteristic that is prohibited by federal, state, and/or local law, nor on the basis of any characteristic that is prohibited by any accrediting body of Mountain State University that is not contrary to federal, state, and/or local law.*

## APPLICATION INSTRUCTIONS

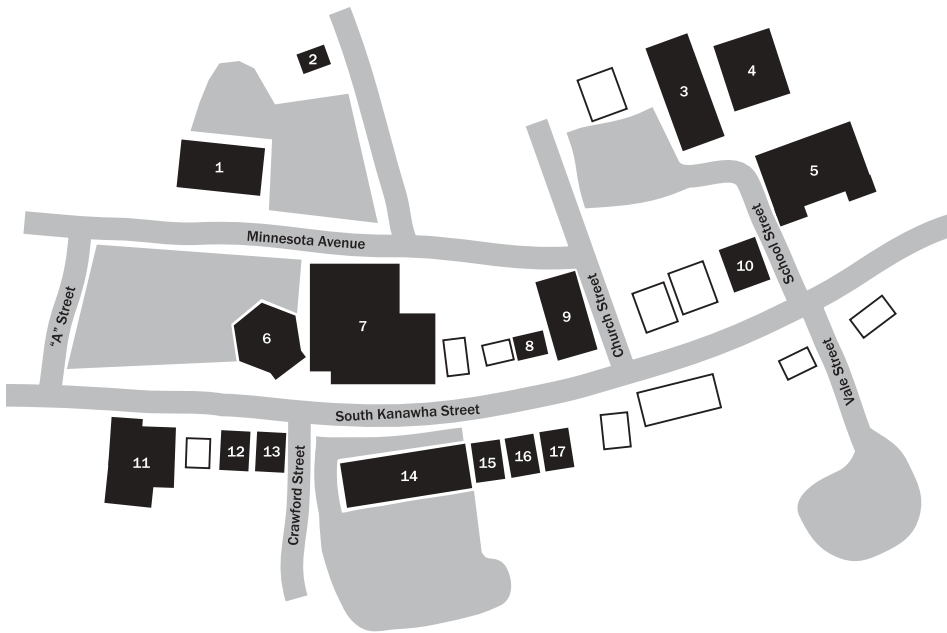
1. Complete and return this application with the \$40 application fee (check or money order payable to Mountain State University Academy). Please ensure that the entire application, including parent and student questionnaires, is complete. Qualifying applications are accepted on a first come, first served basis for each class.
2. Request that your current school send a transcript directly to the Academy.
3. Arrange for letters of recommendation from two current or past teachers (one of whom must be an English teacher) to be returned directly to the Academy.
4. Contact the dean to arrange for an admissions interview.

## ACCEPTANCE AND DEPOSIT

If you are accepted for study at the Academy, you will receive registration materials and, if you have checked the financial aid box on the application, information on any need-based financial aid that may be available. A deposit of 10 percent of the first year's tuition is required upon acceptance.



## CAMPUS MAP



- 1 O'DELL HALL
- 2 FACILITIES MANAGEMENT
- 3 HEALTH SCIENCES BUILDING
- 4 VAN METER GYMNASIUM
- 5 CARTER HALL
- 6 SHROYER HALL
- 7 ROBERT C BYRD  
LEARNING RESOURCE CENTER
- 8 ADMINISTRATIVE SERVICES
- 9 JOHN W. EYE CONFERENCE CENTER
- 10 MOUNTAIN STATE UNIVERSITY ACADEMY
- 11 BENEDUM CENTER
- 12 ENGLISH LANGUAGE INSTITUTE
- 13 ERICSON ALUMNI CENTER
- 14 HOGAN HALL
- 15 PRESIDENT'S HOUSE
- 16 PRESIDENT'S OFFICE
- 17 WOMEN'S ATHLETICS RESIDENTS HALL

## APPLICANT INFORMATION

**PASTE  
PHOTO  
HERE**  
(optional)

LAST NAME \_\_\_\_\_

FIRST NAME \_\_\_\_\_ MIDDLE NAME \_\_\_\_\_

PREFER TO BE CALLED \_\_\_\_\_ SOCIAL SECURITY NO. \_\_\_\_\_

DATE WHEN YOU PLAN TO ENROLL \_\_\_\_\_

MALE  FEMALE

CURRENTLY RESIDE WITH  MOTHER & FATHER  MOTHER  FATHER  GUARDIAN

PARENT'S MARITAL STATUS \_\_\_\_\_

PARENT OR GUARDIAN NAMES \_\_\_\_\_

### RESIDENCE

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

TELEPHONE \_\_\_\_\_ APPLICANT'S E-MAIL ADDRESS \_\_\_\_\_

**MAILING** *Address to which bills, grade reports, and Parents Association mailings are to be sent if different from address provided under "Residence."*

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

TELEPHONE \_\_\_\_\_ APPLICANT'S E-MAIL ADDRESS \_\_\_\_\_

**CURRENT SCHOOL**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

TELEPHONE \_\_\_\_\_ FAX \_\_\_\_\_

OTHER SCHOOLS ATTENDED IN THE PAST THREE YEARS:

\_\_\_\_\_ DATES \_\_\_\_\_

\_\_\_\_\_ DATES \_\_\_\_\_

\_\_\_\_\_ DATES \_\_\_\_\_

**APPLICANT'S FATHER**

NAME (PLEASE INCLUDE TITLE) \_\_\_\_\_

PREFER TO BE CALLED \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME TELEPHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_

EMPLOYER \_\_\_\_\_ PROFESSION \_\_\_\_\_

POSITION \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

BUSINESS PHONE \_\_\_\_\_ FAX \_\_\_\_\_

MOUNTAIN STATE UNIVERSITY ALUMNA?  YES  NO IF YES, YEAR GRADUATED \_\_\_\_\_ WILL RECEIVE MAILINGS?  YES  NO

**APPLICANT'S MOTHER**

NAME (PLEASE INCLUDE TITLE) \_\_\_\_\_

PREFER TO BE CALLED \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME TELEPHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_

EMPLOYER \_\_\_\_\_ PROFESSION \_\_\_\_\_

POSITION \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

BUSINESS PHONE \_\_\_\_\_ FAX \_\_\_\_\_

MOUNTAIN STATE UNIVERSITY ALUMNA?  YES  NO IF YES, YEAR GRADUATED \_\_\_\_\_ WILL RECEIVE MAILINGS?  YES  NO

## APPLICANT'S STEPFATHER

NAME (PLEASE INCLUDE TITLE) \_\_\_\_\_  
PREFER TO BE CALLED \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
HOME TELEPHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_  
EMPLOYER \_\_\_\_\_ PROFESSION \_\_\_\_\_  
POSITION \_\_\_\_\_  
BUSINESS ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
BUSINESS PHONE \_\_\_\_\_ FAX \_\_\_\_\_  
MOUNTAIN STATE UNIVERSITY ALUMNA?  YES  NO IF YES, YEAR GRADUATED \_\_\_\_\_ WILL RECEIVE MAILINGS?  YES  NO

## APPLICANT'S STEPMOTHER

NAME (PLEASE INCLUDE TITLE) \_\_\_\_\_  
PREFER TO BE CALLED \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
HOME TELEPHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_  
EMPLOYER \_\_\_\_\_ PROFESSION \_\_\_\_\_  
POSITION \_\_\_\_\_  
BUSINESS ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
BUSINESS PHONE \_\_\_\_\_ FAX \_\_\_\_\_  
MOUNTAIN STATE UNIVERSITY ALUMNA?  YES  NO IF YES, YEAR GRADUATED \_\_\_\_\_ WILL RECEIVE MAILINGS?  YES  NO

## GUARDIAN INFORMATION

NAME (PLEASE INCLUDE TITLE) \_\_\_\_\_  
PREFER TO BE CALLED \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
HOME TELEPHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_  
EMPLOYER \_\_\_\_\_ PROFESSION \_\_\_\_\_  
POSITION \_\_\_\_\_  
BUSINESS ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
BUSINESS PHONE \_\_\_\_\_ FAX \_\_\_\_\_  
MOUNTAIN STATE UNIVERSITY ALUMNA?  YES  NO IF YES, YEAR GRADUATED \_\_\_\_\_ WILL RECEIVE MAILINGS?  YES  NO

**MATERNAL GRANDPARENT(S)**

NAME (PLEASE INCLUDE TITLE) \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME TELEPHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_

**PATERNAL GRANDPARENT(S)**

NAME (PLEASE INCLUDE TITLE) \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME TELEPHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_

**SIGNATURES**

SIGNATURE OF BOTH PARENTS (IF LIVING) OR LEGAL GUARDIAN:

\_\_\_\_\_

**NAME**

\_\_\_\_\_

**NAME**

\_\_\_\_\_

**DATE**

\_\_\_\_\_

**DATE**

**OTHER INFORMATION**

ARE YOU INTERESTED IN RECEIVING INFORMATION ABOUT NEED-BASED FINANCIAL AID?  YES  NO

# PARENT/GUARDIAN QUESTIONNAIRE

*If the applicant has health problems or disabilities that may interfere with school work and participation in athletic programs, please explain in a separate letter.*

HOW DO YOU FEEL ABOUT THE APPLICANT'S OVERALL ACADEMIC ACHIEVEMENT TO DATE? \_\_\_\_\_

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RATE THE APPLICANT'S SUCCESS TO DATE IN EACH AREA USING THE FOLLOWING SCALE:

1-EXCELLENT, 2-GOOD, 3-AVERAGE, 4-BELOW AVERAGE.

LITERATURE 1 2 3 4

SCIENCE 1 2 3 4

DRAMA 1 2 3 4

GRAMMAR 1 2 3 4

HISTORY / SOCIAL SCIENCE 1 2 3 4

PHYSICAL EDUCATION 1 2 3 4

SPEECH / DICTION 1 2 3 4

FOREIGN LANGUAGE 1 2 3 4

SOCIAL DEVELOPMENT 1 2 3 4

SPELLING 1 2 3 4

(SPECIFY LANGUAGE) \_\_\_\_\_

RESPECT FOR PEERS 1 2 3 4

HANDWRITING 1 2 3 4

ART 1 2 3 4

RESPECT FOR PROPERTY 1 2 3 4

MATHEMATICS 1 2 3 4

MUSIC 1 2 3 4

RESPECT FOR ADULTS 1 2 3 4

DESCRIBE ANY SIGNIFICANT EDUCATIONAL PROBLEMS THE APPLICANT HAS ENCOUNTERED. \_\_\_\_\_

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HOW MUCH ADULT SUPERVISION DOES THE APPLICANT REQUIRE IN A SCHOOL SETTING? \_\_\_\_\_

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TO WHAT EXTENT IS THE APPLICANT A SELF-DIRECTED LEARNER? \_\_\_\_\_

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HAS THE APPLICANT EVER BEEN DIAGNOSED WITH ANY LEARNING DIFFICULTY OR LEARNING DISABILITY? IF SO, EXPLAIN THE NATURE OF THE DIFFICULTY AND ANY HELP OR ACCOMMODATIONS THE APPLICANT HAS RECEIVED. \_\_\_\_\_

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LIST ANY AREA OR SUBJECT IN WHICH THE APPLICANT MAY NEED TUTORIAL HELP. \_\_\_\_\_

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IS THERE ANY SPECIAL BACKGROUND INFORMATION THAT YOU THINK WOULD HELP US TO UNDERSTAND THE APPLICANT BETTER? IF SO, PLEASE DESCRIBE. \_\_\_\_\_

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HAS THE APPLICANT EVER BEEN INVOLVED IN ANY ACTIVITIES OF A CRIMINAL OR SERIOUSLY ANTISOCIAL NATURE (VANDALISM, ILLEGAL DRUG USE, ETC.)? IF SO, PLEASE DESCRIBE. \_\_\_\_\_

WHY IS THE APPLICANT LEAVING HIS OR HER CURRENT SCHOOL? \_\_\_\_\_

HOW FAR DO YOU EXPECT THE APPLICANT TO CONTINUE HIS OR HER EDUCATION?

HIGH SCHOOL  TRADE OR VOCATIONAL SCHOOL  BACHELOR'S DEGREE  GRADUATE OR PROFESSIONAL DEGREE

*My signature below indicates that all information in this questionnaire is complete, factually correct, and honestly presented.*

\_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN

\_\_\_\_\_  
DATE

\_\_\_\_\_  
RELATIONSHIP TO APPLICANT

## APPLICANT QUESTIONNAIRE

*Please respond to the following questions in your own handwriting. Attach additional pages if necessary.*

LIST SCHOOL ACTIVITIES IN WHICH YOU HAVE BEEN INVOLVED. \_\_\_\_\_

LIST ANY AWARDS OR HONORS YOU HAVE RECEIVED. \_\_\_\_\_

WHAT ARE THE QUALITIES YOU LIKE BEST ABOUT YOURSELF? \_\_\_\_\_

WHICH BOOKS HAVE YOU ENJOYED THE MOST? \_\_\_\_\_

WHAT DO YOU LIKE BEST ABOUT YOUR SCHOOL? \_\_\_\_\_

WHAT DO YOU LIKE LEAST ABOUT YOUR SCHOOL? \_\_\_\_\_

WHY DO YOU WANT TO ATTEND THE MSU ACADEMY? \_\_\_\_\_

*On a separate page, please write brief essays (approximately 200 words) on two of the following three topics:*

1. WHAT IS THE GREATEST CHALLENGE YOU HAVE FACED, HOW DID YOU RESOLVE IT, AND HOW DID IT AFFECT YOU?
2. WHAT IS THE MOST IMPORTANT LESSON YOU HAVE LEARNED FROM YOUR PARENTS OR FRIENDS? HOW HAS IT AFFECTED YOUR LIFE?
3. DESCRIBE A LEARNING EXPERIENCE THAT WAS MEANINGFUL TO YOU.

**SIGNATURE**

*I understand that the Mountain State University Academy operates under an honor code stating that no member of the MSUA community will lie, cheat, or steal, or tolerate anyone who does. If admitted and enrolled, I pledge as an MSUA student to abide by the honor code. I understand the MSUA regulations forbid the use of drugs and alcohol by all students.*

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**APPLICANT SIGNATURE**

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**DATE**

