



STATEN ISLAND ACADEMY  
715 Todt Hill Road, Staten Island, NY 10304  
718.303.7802 Fax 866.624.0203  
[www.statenislandacademy.org](http://www.statenislandacademy.org)

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### William Winter Scholarship Application for Admission

Admission for the Academic Year 20 \_\_\_\_\_ For  Grade 6  Grade 9

Applicant's Name

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ Nickname \_\_\_\_\_

Birthdate \_\_\_\_\_ Place of Birth \_\_\_\_\_

Male  Female Languages Spoken by Family \_\_\_\_\_

Current School \_\_\_\_\_ Current Grade \_\_\_\_\_

Dates in Attendance \_\_\_\_\_

School Address \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Previous School \_\_\_\_\_ Dates in Attendance \_\_\_\_\_

Previous School \_\_\_\_\_ Dates in Attendance \_\_\_\_\_

Have you previously applied to Staten Island Academy?  No  Yes Date(s) \_\_\_\_\_

Siblings:

Name \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

**Parent #1**     Mr.    Mrs.    Ms.    Dr.    Other \_\_\_\_\_

Name \_\_\_\_\_

First

Middle

Last

Marital Status    Single    Married    Separated    Divorced    Domestic Partner

Home Address \_\_\_\_\_

Street

City

State

Zip

Phone: Day \_\_\_\_\_ Evening \_\_\_\_\_ E-mail Address \_\_\_\_\_

Business Name \_\_\_\_\_ Position \_\_\_\_\_

Business Address \_\_\_\_\_

Street

City

State

Zip

Business Phone \_\_\_\_\_

Education \_\_\_\_\_

High School

College(s) Attended

Degree(s)

**Parent #2**     Mr.    Mrs.    Ms.    Dr.    Other \_\_\_\_\_

Name \_\_\_\_\_

First

Middle

Last

Marital Status    Single    Married    Separated    Divorced    Domestic Partner

Home Address \_\_\_\_\_

Street

City

State

Zip

Phone: Day \_\_\_\_\_ Evening \_\_\_\_\_ E-mail Address \_\_\_\_\_

Business Name \_\_\_\_\_ Position \_\_\_\_\_

Business Address \_\_\_\_\_

Street

City

State

Zip

Business Phone \_\_\_\_\_

Education \_\_\_\_\_

High School

College(s) Attended

Degree(s)

If parents are divorced or separated, with whom is the applicant living? \_\_\_\_\_

If parents are divorced or separated, should both parents receive mailings?       Yes    No

Name and Address for bills to be sent:

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First	Middle	Last	
Street	City	State	Zip

Guardian's Name (if applicable) \_\_\_\_\_

First	Middle	Last	
Street	City	State	Zip

**Additional Information**

How did you hear about Staten Island Academy?

Friends or relatives who attend/attended Staten Island Academy.

Has applicant attended Staten Island Academy Day Camp? If so when (mo/yr) \_\_\_\_/\_\_\_\_

Do you have results from any educational or psychological tests you would like to include with your child's application?

What do you hope your child will gain from a Staten Island Academy education?

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Please mail this form with a \$25 application fee to the Admissions Office by Friday, October 25, 2019** (address on front side of this form). **You may also apply online at [www.statenislandacademy.org](http://www.statenislandacademy.org) but please mail a photograph to accompany the application. Please use the William Winter application as the application fee is lower than our standard admissions application.**

Staten Island Academy admits students of any race, color, sex, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, sex, national or ethnic origin in the administration of its educational school-administered program.