

MADISON COUNTY ADVANCED SCHOLARS ACADEMY
Student Application Form

Freshman School Year: _____

Name: _____ **Nickname:** _____
(First Name, Middle Name, and Last Name)

E-Mail: _____ **Phone:** _____

Address: _____

Race/Origin: African-American Hispanic White Asian Native American Other (Specify): _____

Father/Legal Guardian's Full Name: _____

Phone: _____ **Address:** _____

E-Mail: _____

Mother/Legal Guardian's Full Name: _____

Phone: _____ **Address:** _____

E-Mail: _____

Why is it important for you to become a MSHS scholar?
(Please write a short paragraph on a separate sheet of paper)

A Teacher's Recommendation Letter