



## Ursuline Academy Legacy Program Legacy Profile Form

### Legacy Student Information

Grade Apply: \_\_\_\_\_ Full-time/ Part-time: \_\_\_\_\_

Title (Master, Miss): \_\_\_\_\_ Birthday (mm/dd/yy): \_\_\_\_\_

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Suffix (Jr., Sr., etc.): \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Country: \_\_\_\_\_

Phone Number (xxx.xxx.xxxx): \_\_\_\_\_

Email: \_\_\_\_\_

### Legacy Alumnae or Alumni Connections

Relationship to applicant:

Mother is an alumna  
 Father is an alumnus  
 Grandmother is an alumna  
 Grandfather is an alumnus

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

School & Country: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Graduation Year: \_\_\_\_\_

Relationship to applicant:

Mother is an alumna  
 Father is an alumnus  
 Grandmother is an alumna  
 Grandfather is an alumnus

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

School & Country: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Graduation Year: \_\_\_\_\_

Relationship to applicant:

Mother is an alumna  
 Father is an alumnus  
 Grandmother is an alumna  
 Grandfather is an alumnus

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

School & Country: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Graduation Year: \_\_\_\_\_

Relationship to applicant:

Mother is an alumna  
 Father is an alumnus  
 Grandmother is an alumna  
 Grandfather is an alumnus

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

School & Country: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Graduation Year: \_\_\_\_\_