



Growth. Values. For Life.

**Ursuline Academy Legacy Program
Legacy Profile Form**

Legacy Student Information

Grade Apply: _____ Circle One: Full-time or Part-time

Birthday (mm/dd/yy): ____ / ____ / ____

Student First Name: _____ Middle Name: _____

Last Name: _____ Suffix (Jr., etc.): ____

Street Address: _____ City: _____

State: _____ Zip Code: _____

Parent Name(s): _____

Phone Number(s): _____

Email(s): _____

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: _____

Address: _____

City: _____

State: _____ Zip Code: _____

School & Country: _____

Phone Number: _____

Graduation Year: _____

Relationship to applicant:

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- Father is an alumnus
- Grandmother is an alumna
- Grandfather is an alumnus

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Last Name: _____

Address: _____

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