



Application for Full-Time Enrollment

REQUIREMENTS

- 1. Completed Application Form
- 2. Student Essay In a minimum of 500 words, please tell us why you would like to attend Weil Academy. What do you hope to gain? What do you hope to contribute to the Weil community? Feel free to tell us anything else about your tennis background.
- 3. Official School Transcript
- 4. 5-7 minute Tennis Video
- 5. \$250.00 Application Fee

Your application will not be considered complete until all items listed above have been received.

| Today's Date: | | | | | |
|---------------------------|----------------------|----------------------------|--------------------|----------------|----------|
| Mont | h / Day / Year | | | | |
| SECTION 1: BIOGRAPHICAL | | | | | |
| Student Name: | | | | □ Male | ☐ Female |
| Last | Fir | st Mic | ddle | | |
| Student's Date of Birth: | Month / Day / Year | City & Co | untry of Birth: | | |
| Passport #: | | Issuing Country: | | | |
| Interr | national Applicants: | Please attach a copy of th | ne student's passp | ort informatio | on page. |
| I am applying for: | | | | arding | |
| Term (Fall or Sp | ring / Year) (7 – | 12) Weil College Prep | School ∐ Other | | |
| Home Address: | | | | | |
| City: | State/Region: | | Postal Code: | | |
| Country: | | Home Pho | one #: | | |
| Student's Email Address: | | | Cell Phone | e #: | |
| | | | | | |
| SECTION 2: TENNIS | | | | | |
| USTA # (US Players only): | | ITF Ranking (if any) |): | | UTR |
| Coach's Name: | Er | nail: | | Cell: | |





SECTION 3: ACADEMIC

| School you currently attend: | | | | | | |
|---|-------------------------|-----------------------|----------------------|----------|--------|--|
| Cumulative GPA: | | School Na | me, City, Country | | | |
| Have you taken the Scholastic Aptitude | Test (SAT)? □ | No □ Yes | Scores: Math_ | | Verbal | |
| Have you taken the Test Of English as a | Foreign Language | e (TOEFL)? | □ No □ Yes | Score: _ | | |
| Does the student require any special lea | arning assistance (| due to a learr | ing disability? | □No | □Yes | |
| If yes, please explain: | | | | | | |
| SECTION 4: FAMILY | | | | | | |
| Father's Name: | | E-Mai | l: | | | |
| Home Address: | (Please complete o | nly if different fron | n student's address) | | | |
| Home Phone #: | | | | | | |
| Employer: | | Оссир | oation: | | | |
| Mother's Name: | | E-Mai | l: | | | |
| Home Address: | (Please complete only i | f different from st | ident's address | | | |
| Home Phone #: | | | | Work: | | |
| Employer: | | Оссир | oation: | | | |
| List of relatives/friends to contact in cas | e of an emergenc | cy (other than | parents): | | | |
| Name: | | Relati | onship: | | | |
| Phone#: | | City/S | tate: | | | |
| Name: | | Relati | onship: | | | |
| Phone#: | | City/S | tate: | | | |





Credit Card Authorization

| Name of Card Holder: _ | | | | | |
|---------------------------|-------------------|-------------------------|---------------|--------------------------|------|
| Billing Address: | | | | | |
| City / State / Posta Code | / Country: | | | | |
| ☐ MASTERCARD | ☐ VISA | (we do not accept AmEx) | | | |
| Card #: | | Exp. | | CVV: | |
| | | N | Ionth / Year | Last 3 digits on back of | card |
| I, | | , authorize the Wei | l Tennis Acad | emy to charge my cro | edit |
| card for the amount of \$ | \$ <u>250.00.</u> | | | | |
| Signature: | | Da | ate: | | |