

SHENANDOAH VALLEY ACADEMY

234 W. Lee Hwy., New Market, VA 22844

(540) 740-3161 • (540) 740-3336 (fax) • registrar@svasda.org • www.shenandoahvalleyacademy.org

APPLICANT'S PERSONAL STATEMENT

(To be completed by the applicant in his/her own handwriting)

Name _____ Grade _____

What interests you about Shenandoah Valley Academy?

In what ways do you see yourself contributing to our SVA family?

Describe your relationship with God and/or Christian experience.

Please use additional paper if necessary.

What are your parents' thoughts and feelings about your desire to attend Shenandoah Valley Academy?

Please share anything else that will help us to know you better.

Please use additional paper if necessary.

Signature

Date

Please submit by e-mail, mail, or fax to our Admissions Office.