



LA SALLE INSTITUTE

174 Williams Rd. • Troy, NY 12180 • (518) 283-2500 • www.lasalleinstitute.org

Application for Admission

Student Data **Applying for Grade** _____ **School Year** _____

Last Name

First Name

M.I.

Phone

Street Address

City

State

Zip

Date of Birth ___/___/___

US Citizen Yes / No

If No, country of origin _____

School now Attending _____ Years Attended _____

Public School District _____

Student resides with ___ Parents ___ Mother ___ Father ___ Mother & Stepfather ___ Father & Stepmother ___ Guardian

Religion _____ Parish/Congregation _____

If either parent/guardian is employed by an area Catholic school please indicate school and position _____

Additional academic needs (provide copy if applicable) ___ IEP ___ 504 Accommodation ___ Academic Intervention ___ None

Ethnic affiliation (for statistical purposes only)

___ Native American ___ African American ___ Latino/Hispanic ___ Pacific Islander ___ Asian ___ Other

For Office Use Only

Date Received _____

Transcript _____ Recommendation _____

Accept _____ Accept with Contract _____

Deny _____ Wait-List _____

Reviewed By _____

ID# _____

Parents/Guardians

Name _____ Name _____

Address (if different from student) _____

Address (if different from student) _____

City/State/ZIP _____ City/State/Zip _____

Phone _____ Phone _____

Email _____ Email _____

Occupation _____ Occupation _____

If graduate of La Salle Institute, indicate graduation year _____

Brothers/Sisters

Name _____ Name _____

School/Grade _____ School/Grade _____

Name _____ Name _____

School/Grade _____ School/Grade _____

If graduate(s) of La Salle Institute, indicate graduation year(s) _____

Student Questions

Do you have any accomplishments or hobbies? _____

Do you play any sports? _____

Do you play any instruments? _____

Why do you want to attend La Salle Institute? _____

Is there anything else the school should know that would help make the transition to La Salle Institute an easy one? _____

All applications need to be submitted completed with a most recent copy of transcript/report card and attached recommendation.



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Recommendation Form

Student's Name _____

First

Middle

Last

This student is seeking admission to La Salle Institute in Troy, NY. To ensure a comprehensive review of this application, we ask you to thoughtfully consider this student, complete the recommendation and return it to the student in a sealed envelope. We ask the student to then submit the letter of recommendation along with his other application materials.

Thank you for your participation in the application process. Your thoughts and insights are most appreciated in the evaluation of students for admission to La Salle Institute. You may contact Mr. Hendry at 518.283.2500 ext. 263 should you choose to provide a recommendation by phone.

Please rank the applicant in the following categories based on this scale:

1 – Below average 2 – Average 3 – Above average 4 – Excellent 0 – No basis for judgment

____ Intellectual aptitude

____ Reaction to criticism

____ Academic motivation

____ Initiative & drive

____ Study habits

____ Sense of humor

____ Respect accorded by faculty

____ Concern for others

____ Self-discipline & self-control

____ Overall behavior

____ Reaction to setbacks

____ Respect accorded by peers

Overall, I recommend this student to La Salle Institute in terms of academic ability:

Not recommended

Fairly strongly

Strongly

With enthusiasm

Overall, I recommend this student to La Salle Institute in terms of character:

Not recommended

Fairly strongly

Strongly

With enthusiasm

In what capacity have you known the applicant? _____

Length of acquaintance with applicant: _____

Signed _____ Date _____

Print Name _____

Title _____

School _____ Phone _____

Email _____

Please use the reverse side for additional comments to help us best evaluate this applicant. Thank you.



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FAST and FREE Financial Aid Form

We believe that all students should have access to the unique educational opportunities offered by La Salle Institute. We recognize that although it is an excellent investment in your child's future, a La Salle education represents an expense that may be beyond the reach of some families. That is why we are committed to making La Salle affordable for all qualified students.

We are happy to offer this quick and easy way to assess your eligibility for needs-based financial aid. Please answer the following questions and return this form along with a copy of your most current Federal Tax return (1040) and related W2 statements.

(Please keep in mind that financial aid is awarded independently from academic scholarship and certain other forms of tuition assistance; a financial aid award will not interfere with these other forms of tuition assistance.)

Number of people in your family _____

Number of children attending tuition charging K-12 schools _____

Amount of tuition paid annually for these children \$ _____

Number of children attending college _____

Total Annual Family Income \$ _____

Value of Family Assets \$ _____

(home and other real estate equity, bank accounts, business assets, other; please do not include retirement savings)

Approximate Consumer Debt \$ _____

(auto loans, credit cards, etc.)

Parent Name _____ Student Name _____

Entering Grade _____

COMMENTS/SPECIAL CIRCUMSTANCES (please attach a page if necessary):
