



VILLA VICTORIA
ACADEMY

**Archbishop Thomas Joseph Walsh
Scholarship Nomination Form**

Nominee _____

Parish, City _____

Current School _____

In the space below or on a separate piece of paper, please describe the nominee's contributions to your parish to date in the areas of leadership, service, personal character and academic achievement.

Pastor's Name _____

Pastor's Signature _____ **Date** _____

Acceptance to Villa Victoria Academy is based upon the student's application, school transcript, teacher recommendation, HSPT scores and personal interview.

PLEASE RETURN THIS FORM BY NOVEMBER 30.

If you have any questions, please contact Colleen White,
Director of Admissions at cwhite.villavictoria@gmail.com

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