



VILLA VICTORIA
ACADEMY

Archbishop Thomas Joseph Walsh Scholarship
Nomination Form

Nominee _____

Parish, City _____

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 Mrs. Colleen White, Director of Admissions, cwhite@villavictoria.org. Please return form to Villa Victoria Academy 376 West Upper Ferry Road, Ewing, NJ 08628 Attn: Admissions Office