



# MT. ZION PREP ADMISSIONS APPLICATION

PO BOX 24638 | Baltimore, MD 21214 | P: 410-600-5515 / 443-825-9040  
www.mtzionprep.com

**CHECKLIST: Only completed application packets will be accepted and processed.** Checklist provided below.

- \_\_\_\_\_ 1. Fill out the application in its entirety. Type or print (using a pen) all responses. Do not leave any field blank; write "n/a" if an answer does not apply.
- \_\_\_\_\_ 2. Enclose one official transcript from all high schools attended. This year's official transcript should be sent immediately after completion of academic year.
- \_\_\_\_\_ 3. Enclose one nonofficial transcript from all high schools attended.
- \_\_\_\_\_ 4. Enclose a copy of your SAT results and ACT results (if applicable). If you have not yet taken the SAT or ACT, you must login and create an account so that you can provide the requested login and password information requested below.
- \_\_\_\_\_ 5. If accepted into the program, SSN will be required for your athlete.
- \_\_\_\_\_ 6. Enclose all additional requested information/documentation/paperwork.
- \_\_\_\_\_ 7. Ensure the application has been signed by the parent or guardian.
- \_\_\_\_\_ 8. Submission of your application packet does not guarantee admittance into Mt. Zion Prep. You will be contacted within 10-business days of receipt.
- \_\_\_\_\_ 9. Email completed application packet to [sharrison@mtzionprep.com](mailto:sharrison@mtzionprep.com) or [lcork@mtzionprep.com](mailto:lcork@mtzionprep.com) or mail to: Admissions Office, P.O. Box 24638, Baltimore, MD 21214.
- \_\_\_\_\_ 10. If accepted into the program, an email with additional enrollment information will follow.

## I. Applicant's Personal Information

Last Name	First	Middle Name	Nickname		
Street Address		Cell Phone	E-mail address		
City	State/Country	Zip code	Social Security Number		
Country of Residence	Citizenship	Date of Birth	Age	Height	Weight
SAT Login ID/Username	SAT Login Password	ACT Login ID/Username	ACT Login Password		
Instagram	Twitter		Facebook		

### Father Mother

Full Name		
Street Address (If different from above)		
City	State/Country	Zip code
Home Phone	Business Phone	
Cell Phone	FAX number	
E-mail address		

Full Name		
Street Address (If different from above)		
City	State/Country	Zip code
Home Phone	Business Phone	
Cell Phone	FAX number	
E-mail address		



If yes, please explain. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Has the applicant ever had any issues with alcohol and/or substance abuse?  Yes  No

If yes, please explain. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## IV. APPLICANT'S MEDICAL HISTORY

Prior to enrollment, you must provide a medical history form and recent sports physical completed by a physician clearing your athlete to participate in contact sports. Mt. Zion Prep will only accept sports physicals obtained on, or after, March 23, 2015. Mt. Zion Prep will not accept any sports physicals obtained before March 23, 2015. Enclose the medical history form and sports physical with your application.

Applicant's Physician \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Has the applicant ever been diagnosed with a communicable disease?  Yes  No

If yes, please list disease(s). \_\_\_\_\_  
 \_\_\_\_\_

Does the applicant have any of the following allergies?	Environmental Allergies?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Food Allergies?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Medication Allergies?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Latex Allergies?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If yes, please list details of allergies and any medication that is used to treat allergies. \_\_\_\_\_  
 \_\_\_\_\_

Does the applicant have any medical conditions that would prevent him from participating in the program's rigorous physical activities?  
 Yes  No If yes, please explain. \_\_\_\_\_

Has the applicant ever been hospitalized?  Yes  No If yes, please explain. \_\_\_\_\_  
 \_\_\_\_\_

Has the applicant ever had surgery?  Yes  No If yes, please explain. \_\_\_\_\_  
 \_\_\_\_\_

Has the applicant ever received professional counseling?  Yes  No If yes, please explain. \_\_\_\_\_  
 \_\_\_\_\_

Name and Phone number of Counselor \_\_\_\_\_

Please list any prescriptions or over the counter medications taken daily or intermittently by the applicant. If more space is needed please attach a separate sheet.

Name of Medication	Strength of Medication (i.e. 10mg)	Purpose of Medication

## V. APPLICANT'S ATHLETIC GEAR SIZE INFORMATION

This information will be utilized to secure athletic gear in the event that your student athlete is admitted into Mt. Zion Prep. Please ensure accuracy of sizes provided. Replacement gear will not be ordered. If accepted into the program, parents are responsible for purchasing the attire required by our school affiliate. Additional information provided to accepted applicants.

Athletic Shirt Size \_\_\_\_\_

Athletic Pant Size \_\_\_\_\_

Shoe Size \_\_\_\_\_

## VI. STUDENT HOUSING

If your student athlete is admitted into Mt. Zion Prep, please confirm whether or not your student athlete is interested in living in student housing (check one). Checking this box does not lock you into any student housing agreement; it simply helps us ascertain how many athletes may be interested in this opportunity.

{ } Yes { } No

## VII. LETTERS OF RECOMMENDATION AND STUDENT ESSAY

**Letters of Recommendation:** Enclose two recommendation letters. Letters should include the name, title, company, relationship to you and contact number and email of the individual writing the letter of recommendation.

1. Letter #1 – Must be from your high school basketball coach and should include your strengths and weakness as a player, and anything else they'd like to say on your behalf.
2. Letter #2 - May be from any non-related individual such as, but not limited, to a teacher, neighbor, boss or church member.

**Student Essay:** The student must address all the following questions in a 500 – 1,000 word essay. Enclose essay with your application.

1. Why do you consider yourself a good candidate for Mt. Zion Prep and which of your characteristics support your reason?
2. Describe a time when you were met with adversity. How did you overcome it?
3. Describe a time when you made a bad decision that did not align with your goals or morals. What did you learn and how have you grown from that experience?
4. Do you consider yourself a leader or follower and why?
5. How would you handle a situation where you saw your teammate do something on, or off, the court that you knew was wrong, violated the rules and policies of Mt. Zion Prep or did not align with guidance/instructions providing by Mt. Zion Prep's coaching staff?

## VIII. SIGNATURE

I certify that I have read, and understand, this application. I further certify that the information I have provided is complete and correct to the best of my knowledge. I agree to communicate to the Office of Admissions in writing any changes in any matters contained herein, even if such changes occur after the student has been admitted into Mt. Zion Prep. I understand that upon discovery of any inaccuracy of information contained herein, or omission of information requested herein, Mt. Zion Prep reserves the right to revoke admission into the program or remove your student from the program if already enrolled. I understand submitting this application, and all requested documentation and paperwork, does not guarantee admittance into Mt. Zion Prep.

\_\_\_\_\_  
Print Name of Parent/Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Parent/Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date