



VALPARAISO UNIVERSITY

1700 CHAPEL DRIVE VALPARAISO, IN 46383
PHONE: 219 464 5011 • FACSIMILE: 219 464 6898

COMMON APPLICATION SUPPLEMENT

NAME AND CONTACT:

First Name _____ Last Name _____

Street Address _____ City _____ State _____

Zip _____ Country _____ Phone _____ - _____ - _____

E-mail _____

RELIGIOUS:

Church Denomination _____ Lutheran Affiliation, if Applicable _____

Pastor's Name _____ Church Name _____

Church Street Address _____

Do you have a parent who is a full-time rostered professional Lutheran church worker? Yes No If yes, parents's name _____

VALPO HERITAGE:

List the names and relationships of your relatives who have attended or are now attending Valparaiso University

Name _____ Name _____

Relationship _____ Relationship _____

Years Attended _____ Years Attended _____

Name _____ Name _____

Relationship _____ Relationship _____

Years Attended _____ Years Attended _____

OTHER FACTORS:

What factors most influenced your decision to apply for admission to Valparaiso University?

Please list any other college to which you are applying.
