

# Application for Admission



Thank you for your interest in Hollins University. Your application will be personally reviewed by one of our admissions counselors.

## Instructions

1. Complete the application and submit it with the \$35 nonrefundable application fee to: Office of Admissions, Hollins University, P.O. Box 9707, Roanoke, Virginia 24020-1707. Or use our online application at [www.hollins.edu](http://www.hollins.edu). (Ask your counselor about a fee waiver if family resources are limited.)
2. Send your SAT or ACT scores directly to the Office of Admissions. International students must submit an official copy of the TOEFL score.
3. Request an official copy of your high school transcript (and all college transcripts if applying as a dual-enrolled high school student or as a transfer student) to be sent to the Office of Admissions.
4. Have the attached recommendation form completed by your college counselor, academic advisor, or college professor. Additional letters of recommendation are welcome. International students must submit a recommendation from your English teacher.
5. Sign the application in the appropriate space. *This step is required in order for the application to be processed.*
6. If you are applying for an Outstanding Achievement Award, submit all scholarship materials with your application.

## Early Decision

The early decision program is an option for the student who has decided that Hollins is the only school to which she will apply and who has achieved a consistently good record throughout her high school career. Early Decision students will receive their admission decision, which is binding, no later than December 15.

## Deadlines

**Early Decision Deadline:** December 1

**Deadline for Scholarship Review:** February 1

**Priority Decision Deadline:** February 15

**Deposit Deadline:** May 1

Hollins accepts fall and spring transfer applicants on a rolling admissions basis.

## Notification

Early decision candidates will be notified of the Admissions Committee's decision by December 15. Regular decision applications will be reviewed as soon as all credentials are in order, and letters of decision will be sent on a rolling admissions basis beginning in late December and continuing until the class is filled.

(Please print or type)

Name \_\_\_\_\_  
Last First Middle

Name I prefer \_\_\_\_\_ Social security no. \_\_\_\_\_

Date of birth \_\_\_\_\_ Country of citizenship \_\_\_\_\_

Applying for fall semester 20\_\_\_\_ or spring semester 20\_\_\_\_ Have you ever applied to Hollins before?  No  Yes in 20\_\_\_\_

Applying for:  Regular admission  Early decision (sign agreement on the back)  Deferred admission  Transfer  
Do you wish to be considered for financial aid?  Yes  No  
Has the Free Application for Federal Student Aid been filed with the Department of Education?  Yes Date \_\_\_\_\_  No

Do you wish to request a fee waiver? Hollins requires notification from your counselor or the College Board fee-waiver service.

The following is requested to assist Hollins in complying with federal and state reporting regulations. Response is voluntary and has no bearing on the admission decision. Please indicate with which ethnic group you identify:

American Indian/Alaskan Native  Asian American/Pacific Islander  Hispanic  Black non-Hispanic  
 White non-Hispanic  Other: \_\_\_\_\_

Mailing address \_\_\_\_\_  
Street address City State Zip

Home address (if different from mailing address) \_\_\_\_\_

Home telephone (\_\_\_\_) \_\_\_\_\_ Cell phone number (\_\_\_\_) \_\_\_\_\_

E-mail address(es) \_\_\_\_\_

Is English your first language?  Yes  No If not, what is? \_\_\_\_\_

Do you have dual citizenship?  Yes  No If so, where? \_\_\_\_\_

If you are not a U.S. citizen, are you legally a permanent resident of the U.S.?  Yes  No \_\_\_\_\_

If you are a **Virginia resident**, in which county or city is your legal residence? \_\_\_\_\_

How did you first hear of Hollins? \_\_\_\_\_

**Family**

Mother's full name: \_\_\_\_\_

Is she living?  Yes  No

Home address if different from yours:

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Occupation: \_\_\_\_\_  
(Describe briefly)

Name of business or organization: \_\_\_\_\_

Title: \_\_\_\_\_

Business phone: \_\_\_\_\_

College (if any): \_\_\_\_\_

Degree: \_\_\_\_\_ Year: \_\_\_\_\_

Professional or graduate school (if any): \_\_\_\_\_

Degree: \_\_\_\_\_ Year: \_\_\_\_\_

Father's full name: \_\_\_\_\_

Is he living?  Yes  No

Home address if different from yours:

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Occupation: \_\_\_\_\_  
(Describe briefly)

Name of business or organization: \_\_\_\_\_

Title: \_\_\_\_\_

Business phone: \_\_\_\_\_

College (if any): \_\_\_\_\_

Degree: \_\_\_\_\_ Year: \_\_\_\_\_

Professional or graduate school (if any): \_\_\_\_\_

Degree: \_\_\_\_\_ Year: \_\_\_\_\_

If not with both parents, with whom do you make your permanent home? \_\_\_\_\_

Please check if parents are:  Married  Separated  Divorced  Other \_\_\_\_\_

Please give names and ages of your brothers and sisters. If they have attended college, give the names of the institutions attended.

\_\_\_\_\_  
\_\_\_\_\_

**Relatives who have attended Hollins:**

Name (include maiden)	Class (if known)	Relationship	Current address
_____	_____	_____	_____
_____	_____	_____	_____

**School you are currently attending:**

Name	City/State	High school or college code no.	Year of graduation
_____	_____	_____	_____

**Other schools you attended from grade 9 (include summer schools):**

Name	City/State	Dates attended
_____	_____	_____
_____	_____	_____

Have you ever been suspended or expelled from any of the secondary schools which you have attended? If yes, please provide a detailed explanation.

\_\_\_\_\_  
\_\_\_\_\_

Please list the colleges other than Hollins to which you are applying for admission:

\_\_\_\_\_  
\_\_\_\_\_

**ACT/SAT Scores**

ACT Score: \_\_\_\_\_ Date you took/plan to take \_\_\_\_\_  
 Verbal \_\_\_\_\_ Math \_\_\_\_\_ Writing \_\_\_\_\_  
 SAT Verbal \_\_\_\_\_ Math \_\_\_\_\_ Writing \_\_\_\_\_ Date you took/plan to take \_\_\_\_\_

TOEFL Score: \_\_\_\_\_ Date you took/plan to take \_\_\_\_\_

In what subject(s) do you think you are likely to major? \_\_\_\_\_

Please list jobs and internships you have held (include volunteer work):

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**Current Class Schedule**

Course	DE*	AP	Honors	Course	DE*	AP	Honors
1.				5.			
2.				6.			
3.				7.			
4.				8.			

DE\* = Dual Enrollment

List the extracurricular and athletic activities in which you have been most involved (include summer). Please indicate (✓) in the right column those activities you hope to pursue in college. Enclose additional sheet if necessary.

Extracurricular activity	Years of participation				Post secondary		Offices held or honors won	Pursue in college (✓)
	9	10	11	12	1	2		

Athletic activity	High school participation						Post secondary		Awards, honors	Pursue in college (✓)
	9	10	11	12	JV	Varsity	Intramural	1		

Please list any other areas of special interest, such as hobbies or cultural pursuits:

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If you have participated in any summer or school-year academic enrichment programs, please describe them below:

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If there are any special circumstances concerning your personal life or scholastic record that you believe would assist the Admissions Committee in evaluating your application, please explain (optional):

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## Essay Section (required)

**Instructions:** Below are three topics that pertain to the Hollins experience. Choose one of the topics and answer one of the questions within the topic (topic three has just one question). Please enclose a short (250 words minimum) typed personal essay. Indicate the topic number and question letter on your essay.

- Hollins prepares its graduates for active lives of fulfilling work, personal growth, and community service. Please write about **either**:
  - A significant experience, achievement, or risk you have taken, or ethical dilemma you have faced, and its impact on you.**or**
  - Volunteer community service you have already performed. Why was this service important to you, and what kind of service would you like to perform in the future?
- Hollins respects and encourages the creative spirit in all its students. Please write about **either**:
  - How you enjoy expressing your creativity.**or**
  - How you used your creativity to approach a problem.
- For more than 150 years, Hollins has been educating women, many of whom have become role models in family life and in business. What woman, not in your family, do you most admire, and why?

**My signature below indicates that all information contained in my application is complete and honestly presented. Falsification of information on this application could jeopardize acceptance and enrollment.**

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

### For Early Decision Applicants Only

I hereby affirm that I have made application to Hollins University as my first choice. I understand I will receive a decision from the Admissions Committee by **December 15**. Upon admission I agree to withdraw applications to other colleges and to make a deposit of \$400 to hold my place. If my application is deferred to the regular program, I understand that I am automatically released from the terms of this agreement.

Signature of Early Decision Applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_

Signature of High School Counselor \_\_\_\_\_



Recommendation for: \_\_\_\_\_

**Early decision deadline: December 1; priority decision deadline: February 15. Hollins accepts fall and spring transfer applicants on a rolling admissions basis.**

**Applicant:**

Please print your name on the line above and give this form to your college counselor, academic advisor, or teacher. Another recommendation may be submitted in addition to this. Additional forms are available from Hollins, or a letter may be used.

**To the college counselor/academic advisor/teacher/college professor:**

The candidate listed above has applied for admission to Hollins University. To help the Admissions Committee properly evaluate her qualifications we would appreciate your help in giving us the information requested below. The committee is concerned with personal qualities as well as with academic achievements. **A letter of recommendation may be substituted in place of this form.**

**Confidentiality:**

**This recommendation will be used for admission purposes only and will not become a part of the student's permanent record.**

Date of the candidate's attendance at your institution:

In what context(s) have you known the applicant and for how long?

What are the first words that come to your mind in describing her?

In your opinion, what are her academic strengths and weaknesses?

Please describe any significant achievements and abilities, honors received, or special features of her program:

Please explain or comment on any significant variances in the student's academic record:

If the student is transferring, is she eligible to return to your institution?

Has the candidate been subject to disciplinary action or been involved in the use of alcohol or other drugs while at your school? If so, please state circumstances:

Do you know of any limitations or any special problems about which we should be advised? Consider the student's ability to adjust both emotionally and academically to college life. Please explain:

**Ratings**

Compared to other students in your school who are applying to selective colleges, check how you would rate the applicant in terms of the following:

	No basis	Below average	Average	Good (above average)	Excellent (top 10%)
Creative, original thought					
Motivation					
Independence, initiative					
Intellectual ability					
Emotional maturity					
Ability to cope with stress					
Written expression of ideas					
Effective class discussion					
Disciplined work habits					
Class attendance					
Potential for growth					

Please use this space for any additional information that might give us added insight into the candidate or which may distinguish her as an applicant to this university:

Please check if you prefer that we call for additional information.

Date \_\_\_\_\_

Counselor's Signature \_\_\_\_\_

**Deadlines:**

**Early Decision:** December 1

**Deadline for Scholarships:**  
February 1

**Priority Decision:** February 15  
Hollins accepts fall and spring transfer applicants on a rolling admissions basis.

**Please return to:**

Office of Admissions  
Hollins University  
P.O. Box 9707  
Roanoke, VA 24020-1707  
1-800-456-9595 or  
540-362-6401  
540-362-6218 (fax)  
www.hollins.edu  
huadm@hollins.edu

Name \_\_\_\_\_

Title \_\_\_\_\_

School \_\_\_\_\_

City/State \_\_\_\_\_

Telephone (      ) \_\_\_\_\_

Detach and give to advisor or dean.