



HORIZON PROGRAM

Application Form

Please enclose \$40 application fee.

Year and term you wish to begin study: Fall Term 20 _____ Spring Term 20 _____

Name: _____
(Last) (First) (Middle/Former)

Preferred Name: _____ Social Security Number (optional): _____

Mailing Address: _____

E-mail Address: _____ Date of Birth: _____

Telephone: Day: () _____ Evening: () _____ Cell: () _____

State of legal residence: _____ If Virginia, city or county of residence: _____

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

If you are not a U.S. citizen, are you a legal permanent resident of the United States?

U.S. Visa Holder? (Type _____) Other? _____

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

Have you ever applied to Hollins before? Yes No If yes, when? _____

Are you interested in on-campus housing? Yes No

Do you wish to be considered for financial assistance? Yes No

Has the Free Application for Federal Student Aid (FAFSA) been filed with the Department of Education?

Yes No If Yes, when? _____

Do you plan to attend Hollins full time or part time?

What academic major do you plan to pursue? _____ Briefly describe your academic goals:

Date of high school graduation or GED (month & year): _____

Full name listed on high school transcript: _____

Name of school: _____ City and state: _____

List all colleges and universities attended (please request an official transcript from each):

Institution	City and State	Dates Attended	Degree

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.

Are you Hispanic or Latino? Yes No

If you are not Hispanic or Latino, please select one or more racial groups with which you identify.

- American Indian or Alaska Native Asian Black or African American
 Native Hawaiian or Other Pacific Islander White

Employment Experience:

Employer	Address	Occupation

Please list other areas of interest (i.e., hobbies, community involvement, volunteer work, etc.)

Are there any special circumstances concerning your personal life or scholastic record that you believe would assist the admission committee in evaluating your application?

Who will be responsible for payment of your educational costs? _____
(Name) (Relationship)

Whom should we notify in case of emergency? Please list name, relationship, address, and telephone number:

Please list two references who are familiar with your abilities and potential, whom you will ask to write letters of recommendation. These can be employers, teachers, co-workers, volunteer organizations, etc.

Name	Address	Occupation

Did either of your parents attend college? _____
 No Yes (please list) _____

How did you learn about the the Hollins Horizon Program?

- friend radio Internet professor/mentor current student alumna/alumnus
 other Source of advertisement or article:

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: _____

*Hollins University does not discriminate in admission because of race, color, religion, age, disability, sexual orientation, veteran status, national or ethnic origin, or genetic information and maintains a nondiscriminatory policy throughout its operation.
For more information, call the director of human resources, (540) 362-6660.*

**Return all application materials to:
Horizon Program Office, Hollins University
P.O. Box 9524, Roanoke, VA 24020-1524**