

# Hollinsummer Program for High School Girls Application Form

## Instructions

1. Complete the application form. Indicate your top four class choices and top three athletic clinic choices from the list of courses below. Every effort will be made to enroll you in your top two choices. **Only applicants who submit a deposit will be considered for class placements.**
2. **The sooner you apply, the better your chance of enrolling in your top choices.**
3. Enclose a letter of recommendation from someone other than a family member who can comment on your academic potential and readiness for a two-week residential program.
4. Please answer the question at the bottom of the page on a separate piece of paper.
5. Send your application to: Hollinsummer, P.O. Box 9707, Roanoke, VA 24020-1707

Applications and deposits will be accepted until all spaces are filled. **Your non-refundable \$100 deposit must accompany the application.** For online applications, please call (800) 456-9595 with credit card information or those mailing their application should enclose a check payable to Hollinsummer, or include credit card information below.

6. Charge \$ \_\_\_\_\_ to my:  American Express  Discover  MasterCard  Visa

Name as it appears on credit card \_\_\_\_\_ Signature \_\_\_\_\_

Credit card number \_\_\_\_\_ Expiration date \_\_\_\_ / \_\_\_\_ 3 or 4 digit security code \_\_\_\_\_

or

7. Check for \$ \_\_\_\_\_ made payable to Hollinsummer is enclosed.

Upon receipt of your application, recommendation, and deposit, you will be considered for admission. Once admitted, you will be sent your class assignments, as well as a packet of forms to fill out. **Cost: \$1,199**, includes lodging, three meals daily, instruction and reading materials, and fun and varied recreational activities.

Name \_\_\_\_\_ Preferred name \_\_\_\_\_ Birth date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Street address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Mailing address (if different from above) \_\_\_\_\_

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

Home telephone (\_\_\_\_) \_\_\_\_\_ Student's cell phone (\_\_\_\_) \_\_\_\_\_

Student's e-mail address(es) \_\_\_\_\_

Parent(s) or legal guardian(s) \_\_\_\_\_

Office telephones: Mother's (\_\_\_\_) \_\_\_\_\_ Father's (\_\_\_\_) \_\_\_\_\_

E-mail addresses: Mother's \_\_\_\_\_ Father's \_\_\_\_\_

Name of your high school \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Grade you will be entering in the fall of 2008 \_\_\_\_\_ Year of high school graduation 20\_\_\_\_

## Please indicate your top four course choices from the following list (you will be enrolled in two classes):

- |   |                                 |
|---|---------------------------------|
| ____ Becoming a Leader  | ____ Modern Dance               |
| ____ Creative Writing   | ____ Painting                   |
| ____ Exploring Pottery  | ____ Photography                |
| ____ Finding Hidden Meanings: Politics in Literature          | ____ Psychology: The Human Mind |
| ____ Location, Location, Location: Learning Navigation Skills |                                 |

## Please indicate your top three course choices from the following list (you will be enrolled in one clinic):

- |                 |             |                 |                           |
|-----------------|-------------|-----------------|---------------------------|
| ____ Basketball | ____ Golf   | ____ Lacrosse   | ____ Soccer               |
| ____ Swimming   | ____ Tennis | ____ Volleyball | ____ Environmental ethics |

How did you first hear about Hollinsummer?  Brochure  Family member  Friend  High school teacher  
 High school guidance counselor  Hollins admissions representative  Hollins alumna  Newspaper ad  
 Web site  Other \_\_\_\_\_

## Please answer the following question on a separate piece of paper:

What are your reasons for wanting to attend the Hollinsummer program?

If you have questions related to the application, call (800) 456-9595 or (540) 362-6401, or e-mail huadm@hollins.edu.