

# GREENVILLE COLLEGE HOUSING APPLICATION

**The housing application will not be processed until the enrollment deposit is received. Housing assignments are made according to roommate selection and the date we receive this application and your housing deposit. For your own benefit, return as soon as possible.**

Please complete this form by **printing** and return to:

Office of Admissions  
Greenville College  
P.O. Box 159  
Greenville, IL 62246

Attach Photo Here

Soc. Sec. No. \_\_\_\_\_  
Name \_\_\_\_\_  
Last First Middle Name you prefer  
Address \_\_\_\_\_  
Street City State Zip Code  
Home Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_ Home Church \_\_\_\_\_  
Parent's Name (Guardian) \_\_\_\_\_

**Housing Plans:** All single students not living at home must live in college residence halls unless special approval is obtained by the Dean of Student Development. Please check the option appropriate for you.

\_\_\_\_\_ Residence Hall

\_\_\_\_\_ Off-Campus, Married

\_\_\_\_\_ Off Campus, With Family

Other option requested (subject to approval by the Dean of Student Development).

**IF MARRIED OR LIVING WITH FAMILY MEMBER, YOU MAY STOP HERE.  
ALL OTHERS MUST COMPLETE THE REMAINDER OF THE APPLICATION.**

Session Entering College:

\_\_\_\_\_ Fall \_\_\_\_\_ Interterm \_\_\_\_\_ Spring Arrival Date/Time \_\_\_\_\_

I will be a: \_\_\_\_\_ Freshman \_\_\_\_\_ Sophomore \_\_\_\_\_ Junior \_\_\_\_\_ Senior Intended Major \_\_\_\_\_

Any physical problems requiring special housing? \_\_\_\_\_ If so, what? \_\_\_\_\_

Name of roommate desired (must be mutual) \_\_\_\_\_

Of the twelve (12) qualities listed below, select the three (3) you prefer most in a roommate:

- |                                   |  |                                   |   |                                      |
|-----------------------------------|--|-----------------------------------|---|--------------------------------------|
| <input type="checkbox"/> quiet    | <input type="checkbox"/> outgoing              | <input type="checkbox"/> reserved | <input type="checkbox"/> athletic       | <input type="checkbox"/> other _____ |
| <input type="checkbox"/> neat     | <input type="checkbox"/> messy                 | <input type="checkbox"/> musical  | <input type="checkbox"/> morning person |                                      |
| <input type="checkbox"/> artistic | <input type="checkbox"/> spiritually sensitive | <input type="checkbox"/> studious | <input type="checkbox"/> night owl      |                                      |

Special request \_\_\_\_\_

I am a: \_\_\_\_\_ late night person \_\_\_\_\_ early morning person \_\_\_\_\_ How many hours of sleep do you need?

\_\_\_\_\_ messy person \_\_\_\_\_ moderately messy person \_\_\_\_\_ moderately neat person \_\_\_\_\_ very neat person

Type of music I enjoy \_\_\_\_\_ Volume level: low 1 2 3 4 5 6 7 8 9 10 high

Do you listen to music while you study? \_\_\_\_\_  
(Always, Sometimes, Never)

Which of these do you think you will bring? \_\_\_\_\_ Computer \_\_\_\_\_ Stereo \_\_\_\_\_ Refrigerator \_\_\_\_\_ TV \_\_\_\_\_ VCR \_\_\_\_\_ Microwave

How are you currently cultivating your spiritual life and growth? \_\_\_\_\_

Major activities in high school or college and other hobbies: \_\_\_\_\_

(FOR OFFICE USE ONLY)

DATE RECEIVED \_\_\_\_\_ DATE NOTIFIED \_\_\_\_\_ ADMISSIONS COUNSELOR \_\_\_\_\_

ROOM \_\_\_\_\_ ROOMMATE \_\_\_\_\_ DATE DEPOSIT RECEIVED \_\_\_\_\_