

HOBART AND WILLIAM SMITH COLLEGES

Date: _____

Info Session:

Tour Guide:

Interviewer:

For Office Use Only

Last Name First Name Middle Initial

Nickname Date of Birth Male Female

Your preferred e-mail address Home Phone Cell Phone

Full name of parent(s) and/or guardian(s) with whom you reside Parents preferred e-mail address

Home address:

Street City State Zip

Mailing address (where you live during the school year) – if different from home address:

Street City State Zip

High School:

Name City State

Year of high school graduation: _____

Are you a transfer student? _____ If yes, name of college _____

Will you be applying for merit-based financial aid? Yes No

Will you be applying for need-based financial aid? Yes No

Academic Interests: _____

Extracurricular Interests: _____

How did you become interested in Hobart and William Smith Colleges? _____

Please list the names of relatives (and their relation to you) and friends who have attended Hobart and William Smith Colleges _____

Who is visiting with you today? _____