ID #
DATE
INTERVIEWER #
APPLY TERM

HOLY CROSS

Office of Admissions

First-Year Candidate

			(F)	(M)
(Last)	(First)	(M.I.)		
Prefer to be called				
Address				
City	State	Zip Code		
Phone ()	I	E-Mail		
Present School		City		
	(grades attended)			
Previous School	,	City		
	(grades attended)			
High School Year of Graduation	,			

Junior Courses	Senior Courses

Intended area(s) of study in college:
School and community activities in which you are most active
Hobbies
Approximate rank in class or grade point average

The College of the Holy Cross is required to report the racial composition of its student population to the US Department of Education. To assist us, please indicate your ethnic background in one of the boxes below. Your response to this question is entirely voluntary. Those who wish not to be identified need not check a circle.

O African American, Black

O American Indian, Alaskan Native (tribal affiliation:) enrolled)

O Mexican American, Chicano

O Native Hawaiian, Pacific Islander

O Asian American (Country of Family's origin:)

O Asian (Indian subcontinent) (country:)

O Hispanic, Latino (country:)

O Other:

O Puerto Rican

O White or Caucasian