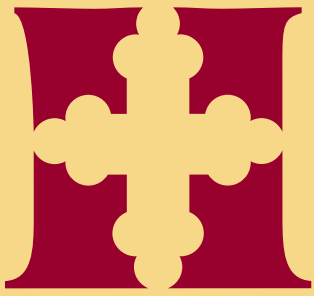


50 GODDARD AVENUE, BROOKLINE, MA 02445
TOLL-FREE 866-424-2338 (866-HCHC-EDU)
TEL. 617-850-1260 · FAX. 617-850-1460
WWW.HCHC.EDU · ADMISSIONS@HCHC.EDU



HELLENIC COLLEGE

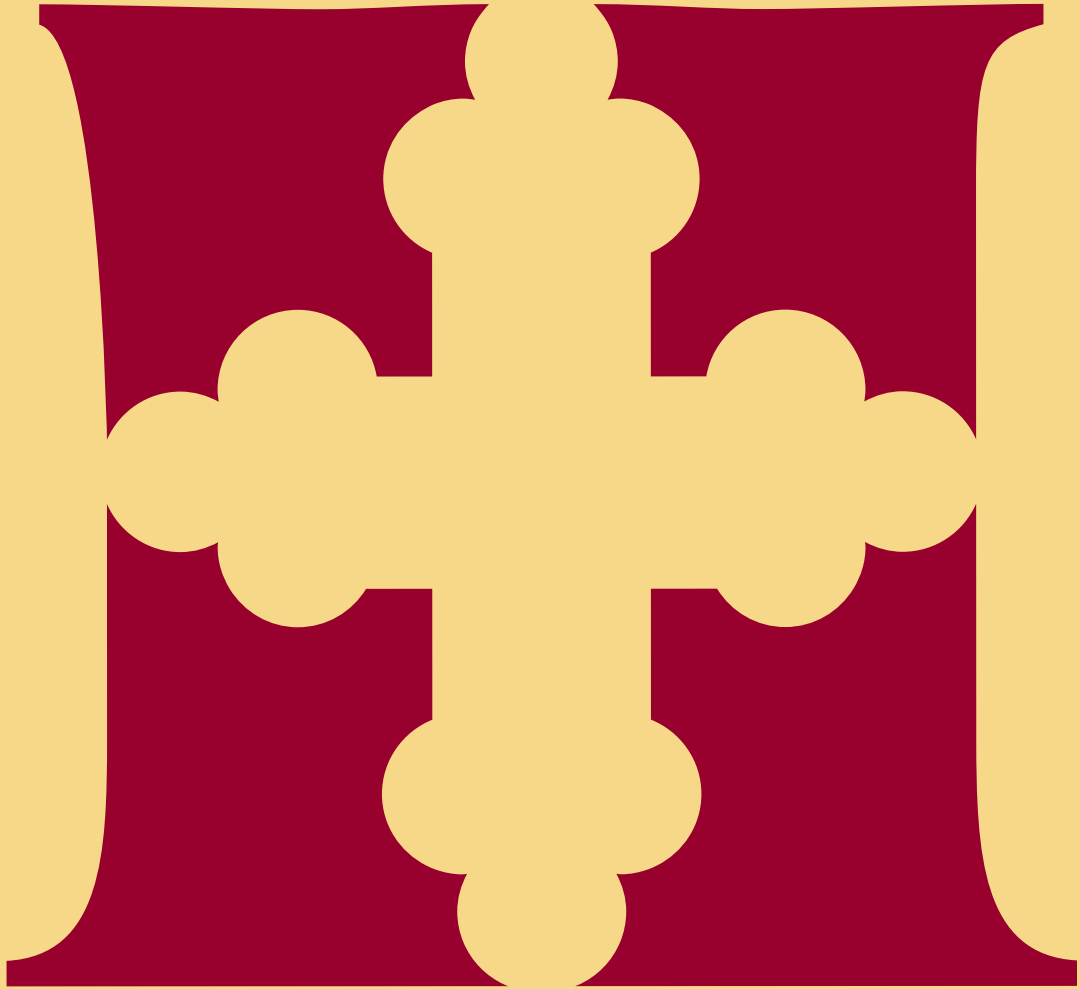
Application Packet



Stronger mind
and spirit

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WELCOME



TO

HELLENIC COLLEGE

Admissions and Financial Aid

Applicants to Hellenic College have a special interest in developing personally and professionally in preparation for serving Church and community. This commitment to spiritual growth and human service unifies the diverse student population at Hellenic College.

Early Action Admission. If Hellenic College is your first choice, you are strongly encouraged to apply for Early Action. Designed to provide freedom and flexibility for students seeking an early indication of their chances for admission, Early Action continues to serve students well. Those admitted early are free to apply to other colleges and compare financial aid offers from other institutions.

Benefits of applying for Early Action:

- Allow students to relax and enjoy senior year with peace of mind knowing you are accepted into college.
- Early consideration for scholarships and financial aid: a higher percentage of scholarships are awarded to students submitting applications for Early Action.
- Earliest consideration for on-campus housing.

Regular Decision Admissions. Applications submitted under the Regular Decision Process will be reviewed on a rolling admission basis. The College will notify you of its decision within several weeks after complete application materials are received. To ensure full consideration. (Candidates are urged to apply no later than May 1)

HOW TO APPLY

Hellenic College accepts students of all races and creeds. The College admits qualified first-year and transfer students to all programs in September and January. The Admissions Committee looks at the whole person when evaluating applicants for admission. Admission is based on each candidate's academic record, application, personal essay, recommendations, extracurricular activities, interview reports and test scores.

Early Action - Freshman.....	December 1
Regular Decision - Freshman.....	Rolling Admission Priority date May 1
January Entrance.....	December 1
Transfer.....	Rolling Admission Priority date May 1

GENERAL REQUIREMENTS

All of the following are taken into consideration in judging qualifications for admission.

- Completed Application form*
- \$50 application fee (waived for Early Action applicants)
- Mandatory interview with the Admissions Director (in person or on the phone)
- Academic report*
- Official copy of all transcripts (all high schools and colleges you have attended)
- Evaluations from two instructors*
- ACT or SAT test scores (waived for transfer students with over 24 credit-hours of college work)
- Health Report & Immunization Verification*

In addition, the following applicants must submit:

Seminarian Applicants

- Hierarch's Evaluation*
- Priest's Recommendation*

Transfer Applicants

- Submit Course Descriptions or Course Catalog from previous Colleges/Universities***

International Applicants

- Immigration Status Declaration*
- Affidavit of Support*
- TOEFL Test Scores**
Hellenic College/
Holy Cross
Code #: **9794**

*Forms included in application packet.

**Results from the Test of English as a Foreign Language (TOEFL); Hellenic College requires a minimum score of 500 paper based or 61 new Internet-based testing.

***Students wishing to transfer to Hellenic College from regionally accredited colleges must normally have a minimum 2.00 grade point average in their previous college work. Students transferring credit must have earned at least a "C" in the course from an accredited institution. Both an official transcript and a course catalog which lists course descriptions must be submitted for review. Courses are accepted that correspond to courses offered by the college or are related to them. A two-year residence is required and one-half plus one credits must be earned from their respective program to be awarded a degree from Hellenic College.

Application materials submitted to Hellenic College become the permanent record of Hellenic College and may not be returned to the applicant.

SPECIAL STUDENTS

One may apply for admission as a Special Student. Normally these are students who, for one reason or another, do not technically fulfill all the requirements for admission as a full-time or part-time candidate for a degree. Special Student status may be held for only one academic year. Following this, a student must request full-time or part-time status or withdraw.

Students with Special Student status are ineligible for Federal Financial Aid as required by the Department of Education. Students with Special Student Status are also ineligible for institutional scholarships.

INTERNATIONAL STUDENTS

Students who are applying from foreign countries must obtain an F-1 student visa in compliance with sections 101(a) F(11) of United States law. They must also obtain an I-94 form which shows immigration classification and endorsements made by immigration officers to indicate the place and date of admission into the United States.

Hellenic College international students are responsible for keeping their own passports valid for six months after the expiration date of their student visa. International students are required to report their addresses to the Immigration and Naturalization Service (INS) on form I-53, available at the U.S. Post Office, on or before January 31 of each year.

Proficiency in English to pursue a course of study equivalent to that normally required of an American applicant must be demonstrated through the TOEFL scores. When registering for the TOEFL exam, please note the Hellenic College and Holy Cross TOEFL code number is 9794.

International students must maintain full-time status (12 minimum credit hours) to be in compliance with Federal law.

International students must submit an immigration status declaration form and an affidavit of support, in addition to the admissions requirements for all students. Support from churches, organizations, individuals, other outside parties, etc., must be documented in writing and indicate monetary amounts thereof.

FINANCIAL AID

Hellenic College is committed to keeping the cost of its education affordable because of its desire to enroll students from a wide variety of economic and social backgrounds,

We believe that capable, serious students who desire an opportunity to gain the type of education offered by Hellenic College should be able to enroll here.

Our financial aid program is designed to assist as many qualified students as possible who without aid would be unable to attend the college. Financial assistance is awarded as a supplement to the reasonable financial contribution we expect will be made by you and your parents.

Financial assistance is granted on the basis of merit or demonstrated need, which is determined by the cost of a year of study at Hellenic College minus the amount of money that you or your family is reasonably able to pay.

TYPES OF FINANCIAL AID

Three primary types of aid are available: grants and scholarships, money given outright; loans, offered at low interest rates and usually repaid in installments once you leave the College; and work-study.

GRANTS The federal government supports two grant programs: The Federal Pell Grant Program and the Federal Supplemental Education Opportunity Grant (SEOG). You can apply for these by completing the Free Application for Federal Student Aid (FAFSA). There are also grants awarded by Hellenic College as well as your local community.

SCHOLARSHIPS Hellenic College offers 99% of their student body institutional aid based on need and merit. Over two-thirds of the students receive aid in excess of 45% of the total annual cost of attendance. Students are encouraged to contact the Office of Financial Aid to inquire about current offers, policies and procedures.

LOANS Loan aid is quite common for many of our students as part of their financial aid packages. These loans generally hold low interest rates and offer long-term repayment plans. The Federal Stafford Loan is the most common loan undertaken by students.

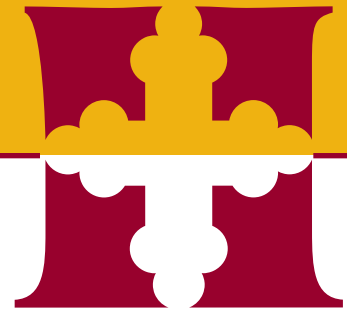
WORK-STUDY Employment aid is offered through both federal and college sponsored programs, providing a wide range of on-campus work opportunities for students. A student will work on a job associated with some aspect of college life. Examples of work-study jobs are secretarial help, library aides and resident assistants.

HOW TO APPLY FOR FINANCIAL AID

Hellenic College encourages its present and prospective students to research the financial aid picture to keep abreast of any new funding programs. Realizing the expenses involved, every effort should be made to pursue any local awards that may be offered in your community. Hellenic College requires all students who wish to be considered for financial assistance to submit a FAFSA (www.fafsa.ed.gov). A FAFSA is used to determine your eligibility for Federal Financial Aid and/or grants. Once an Estimated Family Contribution (EFC) has been determined, the form is sent to Hellenic College to be used in determining eligibility for all financial aid programs. The student must also complete the Hellenic College Financial Aid form.

HELLENIC COLLEGE FEDERAL CODE FOR FAFSA APPLICATION:
002154

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Application for Admission

Hellenic College Tel. 617-850-1260
50 Goddard Avenue Fax. 617-850-1460
Brookline, MA 02445 www.hchc.edu
Toll Free 866-424-2338 admissions@hchc.edu

PERSONAL DATA

EARLY ACTION ADMISSION (deadline December 1)

REGULAR ADMISSION (rolling admission; priority filling May 1)

Date of Intended Enrollment: Fall Semester (year: _____) Spring Semester (year: _____)

Legal Name: _____ Gender: Male Female

Last/Family First Middle (complete) Jr. etc.

Prefer to be called: _____ (Nickname) Former Name(s): _____

Permanent Home Address: _____
Number and Street

City/Town State/Province/Country Zip/Postal Code

Permanent Home Telephone: _____ Area Code/Number Fax or E-mail address: _____ Area Code/Number

U.S. Social Security Number: _____

Date of Birth: _____ Place of Birth: _____
City/Town State/Province Country

If different from above, please give a mailing address for correspondence.

Mailing Address: _____
Number and Street

City/Town State/Province/Country Zip/Postal Code

Telephone at Mailing Address: _____
Area Code/Number

Citizenship: USA Dual citizenship - USA and (please specify other): _____

USA Permanent Resident Visa - Citizen of: _____

Other citizenship - Please specify country: _____

Possible area of academic concentration:

Classics Elementary Education Human Development Management & Leadership

Literature and History Religious Studies A (Orthodox seminarians) Religious Studies B Undecided

Special Student (non-degree)

Status Requested: (check all that apply)

Full-time Part-time Seminarian Status Non-Seminarian Resident Commuter

Marital Status:

Single Married Separated Divorced Widowed Other _____

Spouse's full name: _____

Please give the names and ages of your children: _____

If you wish to be identified with a particular group, please check the following:

African, African American, or Black Asian American Latino or Hispanic Native American (Alaskan, Hawaiian, Pacific Islander or American Indian)

White or Caucasian Other (please specify) _____

Is Financial Aid Requested? No Yes (If yes, a Hellenic College Financial Aid form will be sent to you for completion)

EDUCATIONAL DATA

School you attend now: _____ Date of entry: _____

Address: _____ Date of graduation: _____

Type of school: Public Private Parochial

List all other secondary schools, including summer schools and programs you have attended, beginning with 9th grade.

Name of School	Location	Dates Attended
----------------	----------	----------------

List all colleges at which you have taken courses for credit and list names of courses taken and grades earned on a separate sheet. Please have an official transcript sent from each institution as soon as possible.

Name of School	Location	Degree Candidate	Dates Attended
----------------	----------	------------------	----------------

If not currently attending school, please check here

Describe in detail, on a separate sheet, your activities since last enrolled.

TEST INFORMATION

Please list the scores received for the required tests that you have taken, or list test name and date for any tests you plan to take throughout senior year. The official scores from the appropriate testing agency must be submitted to Hellenic College as soon as possible.

SAT I	Date Taken/To be Taken	Grade Level	Critical Reading	Math	Writing	Multiple Choice	Essay
-------	------------------------	-------------	------------------	------	---------	-----------------	-------

ACT	Date Taken/To be Taken	English Score	Math Score	Reading Score	Science Score	Composite Score
-----	------------------------	---------------	------------	---------------	---------------	-----------------

Applicants enrolled in home-schooled programs or high school programs that substitute certification of competencies for grades must take four SAT II tests in English, mathematics, science, and history.

SAT II	Date Taken/To be Taken	Grade Level	Critical Reading	Math	Writing	Multiple Choice	Essay
--------	------------------------	-------------	------------------	------	---------	-----------------	-------

International students who have not graduated from a school in an English-speaking country are required to take the Test of English as a Foreign Language.

TOEFL	Date Taken	Score
-------	------------	-------

ACADEMIC HONORS

Briefly describe any scholastic distinctions or honors you have won beginning with 9th grade.

EXTRACURRICULAR ACTIVITIES & WORK EXPERIENCE

Please list your principal extracurricular, community, and family activities and hobbies in the order of their interest to you. Include specific events and/or major accomplishments such as musical instruments played, varsity letters earned, etc.

Activity	Grade-level / Post-Secondary (PS)					Approximate time spent		Positions held, Honors won
	9	10	11	12	PS	Hours per week	Weeks Per year	

List any job (including summer employment) that you have held during the past three years.

Specific nature of work	Employer	Dates of employment	Number of hours per week

In the space provided below, briefly discuss which of these activities (extracurricular, personal activities or work experience) has had the most meaning for you and why.

CHURCH INFORMATION

Religious affiliation: _____

If Orthodox, Jurisdiction: _____

Home Parish: _____

City, State: _____

Parish Priest: _____

Metropolis: _____

FAMILY INFORMATION

Mother's full name: _____

Father's full name: _____

Is she still living? _____

Is he still living? _____

Home address, if different from yours: _____

Home address, if different from yours: _____

Occupation: _____

Occupation: _____

If not with both parents, with whom do you make your permanent home? _____

Please check if your parents are Married Divorced Separated Other _____

Please give the names and ages of your brothers and sisters. _____

Person to contact in case of an emergency: _____ Phone Number _____

ADDITIONAL INFORMATION

How did you find out about Hellenic College? _____

Occasionally, students feel that college application forms do not provide a sufficient opportunity to convey important information about themselves or their accomplishments. If there is something you would like us to know, please use the following space. _____

PERSONAL ESSAY

Using a separate piece of paper and a minimum of 250 words, please write an essay that will help the Admissions Committee gain a better understanding of who you are:

- A. Discuss a person who possesses those qualities that you admire in an individual.
- B. Share a personal anecdote, which will help us understand what you will bring to the community of Hellenic College.
- C. Discuss a literary or artistic work (including books, plays, movies, music, etc.), which has had a special impact on you.
- D. Evaluate a significant experience, achievement or risk that you have taken and its impact on you.

CERTIFICATION

"I certify that the information provided on this application is accurate, complete, and honestly presented. I understand that any inaccurate or misleading information or omission will be cause for disqualification from further consideration for admission and will be cause for the rescinding of any offer of admission, or for discipline, dismissal, or revocation of degree if discovered at a later date."

Signature

Date

Academic Report

Hellenic College Tel. 617-850-1260
50 Goddard Avenue Fax. 617-850-1460
Brookline, MA 02445 www.hchc.edu
Toll Free 866-424-2338 admissions@hchc.edu

TO THE APPLICANT

Please complete the Student Information sections below. Submit this form to your counselor together with a request for an official transcript. Including a stamped, addressed envelope will make it easier for this person to help you. Your application will not be complete until the Office of Admissions has received this form.

Name: _____ Social Security No: _____

Address: _____

Parent or Guardian: _____ Date of Birth: _____

This information will become part of your admissions file. The purpose of this recommendation is to assist in making the admission decision and, if you are admitted and enrolled, to aid in advising and otherwise assisting you. It will not be disclosed to any unauthorized individual without your consent. Under the provisions of the Family Educational Rights and Privacy Act of 1974, you have the right, if you enroll at Hellenic College, to review your educational records. The Act further provides that you may waive your right to see recommendations for admission. Please check the appropriate box indicating whether or not you wish to waive this right and sign your name.

I waive do not waive any right of access that I may have to this recommendation form.

Applicant's Signature: _____ Date: _____

TO THE COUNSELOR

The information requested by this form is essential for the Admissions Committee. We are grateful for your help and cooperation in processing this student's application. Please remember to submit an official transcript. We would also appreciate any additional information you could provide concerning his/her honors, awards, activities, disciplinary history, and/or evaluations by school personnel.

Sincerely,

Admissions Department

Signature of Applicant's Counselor: _____ Date: _____

Counselor's Name (please print): _____

Phone Number: _____

This recommendation is an important factor in the admission decision. The Admissions Committee expects it to be completed only by the Counselor who has signed above.

SCHOOL INFORMATION

Name of School: _____ Public Private
School Address: _____
School Phone Number: _____ School Fax Number: _____
Accredited by State System Regional Accreditation Association
Percent of graduates entering college: _____ % into 4-year schools _____ % into 2-year schools

STUDENT INFORMATION

The applicant's cumulative GPA is _____

Is GPA weighted to reflect more demanding courses? Yes No

What was the highest cumulative GPA for this class? _____

This applicant ranks # _____ in a class of _____

This rank is based on # _____ semesters or # _____ trimesters.

How many students share this rank? _____

How many are above this rank? _____

What is the lowest rank given? _____

Is rank weighted to reflect more demanding courses? Yes No

The school does not provide exact rank.

If an exact class rank is not available, please estimate the range of grade point averages for top 25% of the class or provide us with a grade point average distribution.

Please compare this applicant's four-year curriculum to the best curriculum available at your school. Place a "1" in the proper space if the student has taken the most rigorous program in a subject; Place a "2" in the proper space if the student has taken the next most rigorous program; Please leave the space blank if neither "1" nor "2" applies.

English _____ Math _____ Science _____ History _____ Foreign Language _____

Below, or in an attached letter, please give your professional evaluation of this student. Note any unusual circumstances (positive or negative) which might assist our evaluation of this applicant.

Instructor's Recommendation

Hellenic College Tel. 617-850-1260
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Brookline, MA 02445 www.hchc.edu
Toll Free 866-424-2338 admissions@hchc.edu

TO THE APPLICANT

Please fill in the information requested below and give this form to an instructor or supervisor who knows you well as both a student and a person. Including a stamped, addressed envelope will make it easier for this person to help you. Your application will not be complete until the Office of Admissions has received this form.

Name: _____

Application to:

- Classics Elementary Education Human Development Management & Leadership
 Literature and History Religious Studies A (Orthodox seminarians) Religious Studies B Undecided
 Special Student (non-degree)

This information will become part of your admissions file. The purpose of this recommendation is to assist in making the admission decision and, if you are admitted and enrolled, to aid in advising and otherwise assisting you. It will not be disclosed to any unauthorized individual without your consent. Under the provisions of the Family Educational Rights and Privacy Act of 1974, you have the right, if you enroll at Hellenic College, to review your educational records. The Act further provides that you may waive your right to see recommendations for admission. Please check the appropriate box indicating whether or not you wish to waive this right and sign your name.

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Applicant's Signature: _____ Date: _____

TO THE INSTRUCTOR

You have been chosen by this applicant to submit one of the required Instructor's Recommendation. We are grateful for your help and cooperation. The Admissions Committee depends very much on evaluations of the applicants supplied by persons who know them well. We are eager to select those individuals whose accomplishments, personal attributes and abilities indicate that they have the greatest potential for service to the community. Therefore, we ask you to provide a thoughtful and completely frank appraisal of the applicant.

Sincerely,

Admissions Department

How long have you known the applicant? _____

In what capacity have you been associated with the applicant? _____

How well do you know the applicant? _____

Recommender's Signature: _____ Date: _____

Name (please print): _____

Title: _____ Phone Number: _____

School Name & Address: _____

This recommendation is an important factor in the admission decision. The Admissions Committee expects it to be completed only by the recommending individual who has signed above.

Please evaluate this person by comparing him/her to others who have gone on for higher education.

	Outstanding Top 5%	Excellent Next 20%	Average Middle 50%	Marginal Next 20%	Poor Bottom 5%	No Basis for Judgement
Intellectual Ability						
Creativity						
General Quality of Scholarship						
Quality of Written Expression						
Quality of Oral Expression						
General Command of English Language						
Emotional Maturity and Stability						
Motivation for Academic Work						
Ability to Work with Others						
Leadership Ability						

What are the first thoughts that come to mind as you consider this student's character? Note any unusual circumstances (positive or negative) which might assist the committee's evaluation of this applicant.

Please comment on this applicant's interpersonal skills. How does he/she interact with his/her classmates? Does he/she respect others who come from different backgrounds or who may possess dissimilar values?

Tell us about this student's intellectual qualities and academic work. Please describe this student's classroom demeanor, particularly in the areas of participation, curiosity, and attitude toward learning.

How do you rate the applicant in overall ability and promise in comparison with other students at the same level of training?

- Questionable whether admission to further study is warranted.
- Qualifications marginal, but warrants consideration.
- Performance should be up to average of most undergraduate students.
- Will perform at a superior level wherever admitted.
- Equal to the best in department.
- Not able to judge.

Instructor's Recommendation

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In what capacity have you been associated with the applicant? _____

How well do you know the applicant? _____

Recommender's Signature: _____ Date: _____

Name (please print): _____

Title: _____ Phone Number: _____

School Name & Address: _____

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Creativity						
General Quality of Scholarship						
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Quality of Oral Expression						
General Command of English Language						
Emotional Maturity and Stability						
Motivation for Academic Work						
Ability to Work with Others						
Leadership Ability						

What are the first thoughts that come to mind as you consider this student's character? Note any unusual circumstances (positive or negative) which might assist the committee's evaluation of this applicant.

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How do you rate the applicant in overall ability and promise in comparison with other students at the same level of training?

- Questionable whether admission to further study is warranted.
- Qualifications marginal, but warrants consideration.
- Performance should be up to average of most undergraduate students.
- Will perform at a superior level wherever admitted.
- Equal to the best in department.
- Not able to judge.

STUDENT COMPLETES

Name: _____
Last First Middle SSN

Address: _____
Number and Street City State Zip

Sex: F M Date of Birth: _____ Marital Status: _____ No. of Children: _____

Telephone: _____ Citizenship: _____

Parent(s) Name(s): _____

Parent(s) Home Phone (s): _____ Parent(s) Work Phone(s): _____

Medical Insurance Company: _____ Group No. _____ Policy No. _____

Person to contact in case of an emergency: _____ Phone Number: _____

Are you a Military Veteran? Yes No Date of Discharge: _____ Are you a Military Dependent? Yes No

Year of Enrollment: _____ Attending: Full-time Part-time

If previously attended Hellenic College, please give the semester and year of last attendance: _____

HEALTH CARE PROVIDER COMPLETES

Tetanus-Diphtheria	Hepatitis B	Measles (Rubeola) after 1980	Mumps	Rubella (German Measles)
Immunization: _____ <small>Date within 10 years</small>	1 st Immunization: _____ AND _____ Date	1 st Immunization: _____ AND _____ Date	Immunization: _____ OR _____ Date	Immunization: _____ OR _____ Date
PPD Skin Test: _____ <small>Mantoux within past 12 months</small> Date	2 nd Immunization: _____ AND _____ Date	2 nd Immunization: _____ OR after 1980 _____ Date	Date of Disease: _____ OR _____ Date	Date of Disease: _____ OR _____ Date
Result: <input type="checkbox"/> Negative <input type="checkbox"/> Positive	3 rd Immunization: _____ Date	Date of Disease: _____ OR _____ Date	Immune Titer: _____ Date	Immune Titer: _____ Date
	Result of Titer _____	Result of Titer _____	Result of Titer _____	Result of Titer _____

Other Immunizations

Meningococcal Vaccination: _____ Date Given: _____
 _____ Date Given: _____
 _____ Date Given: _____

All Students Under Age 19
 Polio: Completed primary series only: Date Given: _____

If PPD results are positive, a chest x-ray is required

Chest X-Ray (full-sized, posteroanterior) for Tuberculosis screening

_____ Date Result: Negative Positive

 Signature, address and date of physician or other health care provider authenticating immunizations. (Please place physician or health care provider address or stamp above.)

STUDENT OR PARENT COMPLETES

FOR ALL STUDENTS UNDER 18 YEARS OF AGE: I authorize the Hellenic College/Holy Cross Health Center to administer medical and surgical services, immunizations, and therapeutic procedures as deemed necessary by duly licensed personnel. Every reasonable effort will be made to contact the parents of a student under the age of 18 before such services are administered.

 Parent's or Guardian's Signature Date

FOR ALL STUDENTS: By signature, I verify that the information provided on this form is true and I give permission for such diagnostic, therapeutic, and operative procedures as may be deemed necessary for me.

 Student's Signature Date

IMPORTANT: MAKE A COPY OF THIS FORM FOR YOUR PERSONAL RECORDS.

STUDENT COMPLETES

Last Name _____ First Name _____ Middle _____ SSN _____

MEDICAL HISTORY

HAVE YOU HAD?	Y	N	HAVE YOU HAD?	Y	N	HAVE YOU HAD?	Y	N	HAVE YOU HAD?	Y	N
Chicken Pox			Recurrent Headaches			Bleeding Disorder			Allergy:		
Back Injury			Appendicitis			Bone or Joint Disease			Penicillin		
Scarlet Fever			Sinusitis			Chronic Cough			Sulfa		
Hepatitis			Recurrent Colds			Epilepsy			Codeine		
Measles (Rubeola)			Ear/Nose/Throat Trouble			Eye Trouble			Aspirin		
Head Injury			Tuberculosis			Heart Trouble			Wasp/Bee Stings		
Hernia			Menstrual Disorder			Irregular Sleep Patterns			Foods (which)		
German Measles (Rubella)			Frequent Anxiety			Kidney/Bladder Disease			Other Allergies:		
Infectious Mononucleosis			High/Low Blood Pressure			Pain/Pressure in Chest					
Polio			Psychotic Episode			Recent Weight Change			Surgery:		
Mumps			Frequent Depression			Recurrent Diarrhea			Appendectomy		
Peptic Ulcer			Eating Disorder			Shortness of Breath			Tonsillectomy		
Asthma			Diabetes			Stomach Trouble			Hernia Repair		
Seizures/Blackouts			Cancer			Venereal Disease			Other Surgeries:		
Arthritis			Hearing Difficulty			Dizziness, Fainting					
Have you received treatment or counseling for an anxiety condition, personality or character disorder, or emotional problem?						Give details					

HEALTH CARE PROVIDER COMPLETES

PHYSICAL EXAMINATION (Required for all full-time undergraduate students)

Temperature _____ Blood Pressure _____ Pulse _____ Height _____ Weight _____

CHECK - normal	Y	N		Y	N		Y	N	If answer is "NO" explain below
Development			Tonsils			Abdomen			
Posture			Neck			Genitalia			
Skin			Thyroid			Upper extremity			
Ears			Chest			Lower extremity			
Eyes			Heart			Bones and joints			
Nose			Lungs			Feet			
Mouth			Breasts						

Vision (without glasses) Right _____ Left _____ (with glasses) Right _____ Left _____

Routine Urinalysis _____ Albumin _____ Sugar _____ Microscopic _____

1. Current medications (please list):

2. Activity limitations?

3. Is patient ready to undertake college activities? Yes No If "no" please explain. _____

Comments: _____

Signed: _____ Date: _____

Physician Signature

Address: _____ Phone: _____

Priest's Recommendation

Hellenic College Tel. 617-850-1260
50 Goddard Avenue Fax. 617-850-1460
Brookline, MA 02445 www.hchc.edu
Toll Free 866-424-2338 admissions@hchc.edu

TO THE APPLICANT — (Only Religious Studies A and B Applicants)

Please fill in the information requested below and give this form to your parish priest or another clergyman who knows you well. Including a stamped, addressed envelope will make it easier for him to help you.

Name: _____

Application to:

- Classics Elementary Education Human Development Management & Leadership
 Literature and History Religious Studies A (Orthodox seminarians) Religious Studies B Undecided
 Special Student (non-degree)

Are you seeking Seminarian Status? Yes No Undecided

This information will become part of your admissions file. The purpose of this recommendation is to assist in making the admission decision and, if you are admitted and enrolled, to aid in advising and otherwise assisting you. It will not be disclosed to any unauthorized individual without your consent. Under the provisions of the Family Educational Rights and Privacy Act of 1974, you have the right, if you enroll at Hellenic College, to review your educational records. The Act further provides that you may waive your right to see recommendations for admission. Please check the appropriate box indicating whether or not you wish to waive this right and sign your name.

I waive do not waive any right of access that I may have to this recommendation form.

Applicant's Signature: _____ Date: _____

TO THE PRIEST

The Admissions Committee depends very much on evaluations of the applicants supplied by persons who know them well. We are eager to select those individuals whose accomplishments, personal attributes and abilities indicate that they have the greatest potential for service to Church and community. Therefore, we ask you to provide a thoughtful and completely frank appraisal of the applicant. We very much appreciate the thoughtfulness, thoroughness and time you will devote to this evaluation. Please be assured that the School is grateful for your assistance in the evaluation and selection of future Church leaders.

Sincerely,

Admissions Department

How long have you known the applicant? _____

In what capacity have you been associated with the applicant? _____

How well do you know the applicant? _____

Recommender's Signature: _____ Date: _____

Name (please print): _____ Title: _____

Parish/Church: _____ Phone Number: _____

Address: _____

This recommendation is an important factor in the admission decisions. The Admissions Committee expects it to be completed only by the recommending individual who has signed above.

For the following, please check as many choices as pertain to the applicant.

Commitment and Character

- Above reproach
- Undeveloped in certain areas
- Obvious to others
- Questionable
- No basis for judging

Parish Involvement

- Serves in leadership
- Attends frequently
- Attends occasionally
- Invested in the life of the Church
- No basis for judging

Capacity for leadership

- Demonstrates leadership abilities
- Lacks leadership ability
- Potential for leadership
- Authoritarian, can be harsh
- Respected leader
- Avoids leadership responsibility
- No basis for judging

Communication Skills

- Articulate, effective communicator
- Difficulty in expressing ideas
- Insecure
- Comprehends well
- Argumentative
- No basis for judging

Reasoning and Decision Making Ability

- Insightful, well thought-out
- Impetuous, acts without thinking
- Seeks the counsel of others
- Disregards sound advice
- Displays wisdom
- No basis for judging

Motivation and Perseverance

- Highly motivated
- Easily distracted/discouraged
- Demonstrates persistence
- Lacks resolve/determination
- Easily swayed by circumstances
- No basis for judging

Emotional Maturity and Stability

- Accurate self-appraisal
- Insecure, poor self-image
- Prone to anger
- Exercises self-control
- Prone to depression
- Demonstrates emotional stability
- Emotionally unstable
- No basis for judging

Facility in Interpersonal Relationships

- Approachable, sought out by others
- Avoided by others
- Tolerated by others
- Initiative, seeks out others
- Withdrawn, avoids others
- Inappropriate in mixed settings
- Difficulty maintaining relationships
- No basis for judging

Sensitivity to Others

- Responsive to the needs of others
- Insensitive to the feelings of others
- Compassionate, caring
- Impatient with others
- Intolerant to opposition
- Encouraging
- No basis for judging

Responsibility

- Dependable
- Irresponsible, careless
- Avoids responsibility
- Completes work in a timely manner
- Difficulty in managing personal finances
- No basis for judging

Cooperation (ability to work with others)

- Works well with others
- Intimidated in group settings
- Shares responsibility
- Dominates in group settings
- Does not work well with different personalities and temperaments
- No basis for judging

What do you consider to be the applicant's strengths? _____

What do you feel would be the applicant's greatest contribution to the School? _____

What do you consider to be the applicant's weaknesses? _____

What do you feel would be the applicant's greatest difficulty at the School? _____

Please assess the applicant's potential for academic work. _____

Would you accept this person as a potential assistant in your parish?

- Very Eagerly
- Gladly
- With Some Reservations
- No Comment

Please check your overall evaluation of this applicant for Hellenic College:

- Outstanding Candidate
- Excellent Candidate
- Very Good Candidate
- Good Candidate
- Fair Candidate
- Poor Candidate
- No Comment

Hierarch's Evaluation

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TO THE APPLICANT — (Only Religious Studies A and B Applicants)

Metropolitans are not always familiar with all their spiritual children. Please fill out the section below to refresh your Metropolitan's memory. You might consider having your priest forward his recommendations as well. Contact the local Metropolitan to arrange for your Metropolitan to complete the form and return it to the Admissions Office. Often a hierarch will want to meet with you personally as part of the process. As always, it is a courtesy to include a stamped, addressed envelope.

Name: _____ Nameday: _____ Age: _____

Home Parish: _____

Present Occupation: _____ How long? _____

Are you seeking Seminarian Status? Yes No Undecided

Marital Status: Single Married Separated Divorced Widowed Other

Spouses Name: _____ Occupation _____

Children (Names/Ages) _____

Parish Activities/Involvement (indicate length of involvement):

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> GOYA/SOYA | <input type="checkbox"/> YAL | <input type="checkbox"/> Parish Athletics | <input type="checkbox"/> Dance Troupe |
| <input type="checkbox"/> AHEPA/Sons/Daughters | <input type="checkbox"/> Choir | <input type="checkbox"/> Chanting | <input type="checkbox"/> Sunday School Teacher |
| <input type="checkbox"/> Parish Council | <input type="checkbox"/> Youth Group Sponsor | <input type="checkbox"/> Greek School Teacher | <input type="checkbox"/> Altarboy |
| <input type="checkbox"/> Tonsured Reader | <input type="checkbox"/> Other | | |

This information will become part of your admissions file. The purpose of this recommendation is to assist in making the admission decision and, if you are admitted and enrolled, to aid in advising and otherwise assisting you. It will not be disclosed to any unauthorized individual without your consent. Under the provisions of the Family Educational Rights and Privacy Act of 1974, you have the right, if you enroll at Hellenic College, to review your educational records. The Act further provides that you may waive your right to see recommendations for admission. Please check the appropriate box indicating whether or not you wish to waive this right and sign your name.

I waive do not waive any right of access that I may have to this recommendation form.

Applicant's Signature: _____ Date: _____

Immigration Status Declaration

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INTERNATIONAL APPLICANTS ONLY

This document must be completed in English and signed by the applicant in the presence of a Notary Public who will validate it.

Legal Name - AS IT APPEARS ON YOUR PASSPORT:

Last/Family First Middle (complete) Jr. etc.
Permanent home address: _____
Number and Street

City/Town State/Province/Country Zip/Postal Code
Date of Birth: _____ Place of Birth: _____
City/Town State/Province Country

Citizenship (Please specify country): _____

If you are not a citizen of the country in which you are now residing, please state your present immigration status: _____

Date of Entry: _____ Port of Entry: _____

Sponsor's Name in USA (printed): _____

Sponsor's Address in USA: _____
Number and Street

City/Town State/Province/Country Zip/Postal Code

"I do hereby testify that the above statement is true, complete, and accurate."

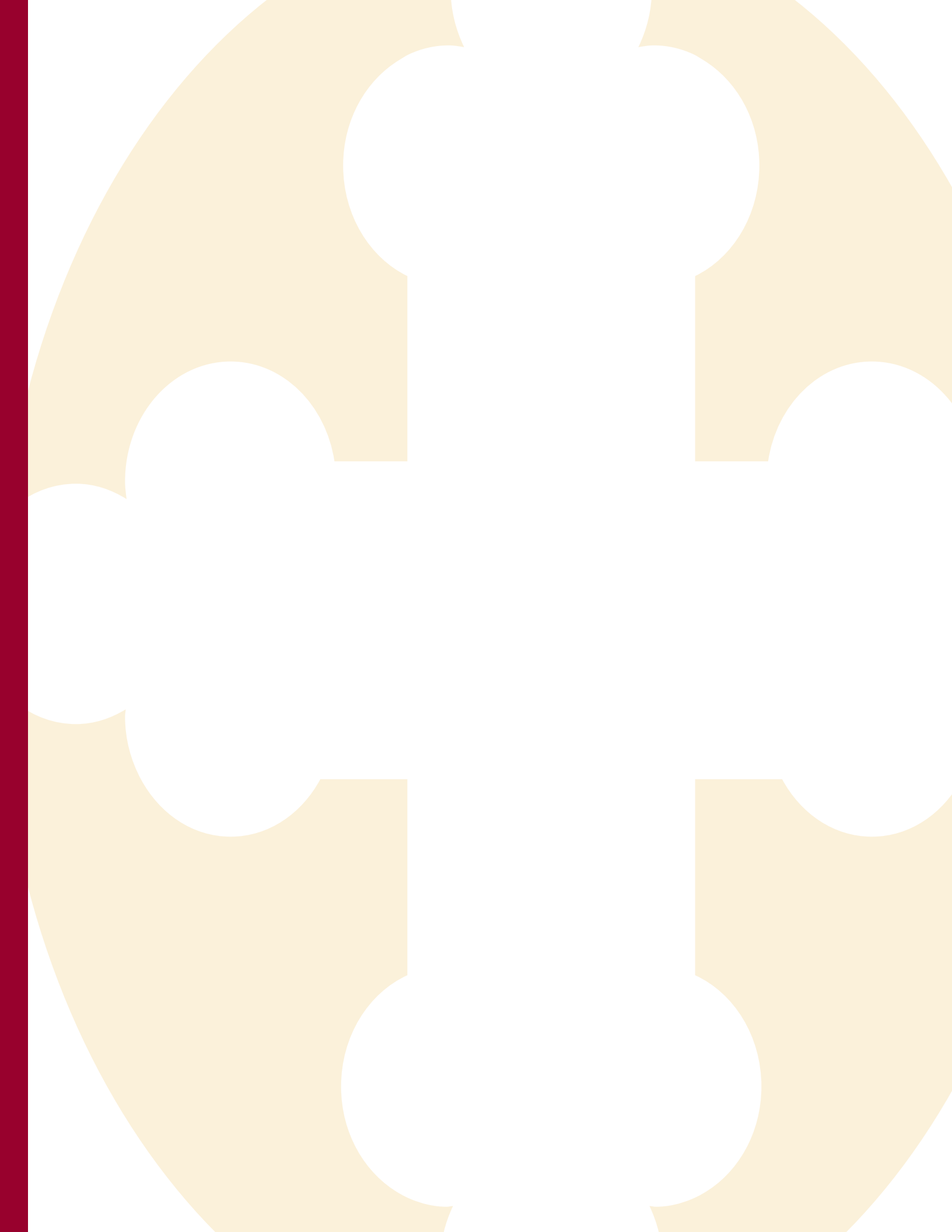
Applicant's Signature: _____ Date: _____

Then personally appeared the above-named _____ and acknowledged the foregoing instrument to be his / her free act and deed, before me.

Notary Public

(SEAL)

My commission expires _____



Affidavit of Support

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INTERNATIONAL APPLICANTS ONLY

IMPORTANT NOTE:

The Affidavit of Support must be signed by someone other than the student and the signature must be notarized. No immigration paperwork can be issued if it is signed by the student.

I, the undersigned, do hereby promise to pay all school-related expenses incurred by _____ who is applying for undergraduate studies at Hellenic College. These expenses shall include tuition, room and board, books, health insurance, fees and all personal expenses not covered by scholarships or grants while he/she is enrolled as a student at Hellenic College.

Furthermore, I do hereby promise to pay the full amount of charges of his/her initial semester of study before Hellenic College can provide said student with the proper "Certificate of Eligibility" which will facilitate the issuance of a visa by the United States Embassy.

I understand, further, that should said student be dismissed for any reason, or withdraw from the College of his/her own volition, I will be responsible for the expenses for the return to his/her country of origin, in accordance with the laws and regulations governing F-1 Student Status Visas of the United States Department of Justice.

Sponsor's Signature: _____ Date: _____

Sponsor's Telephone Number: _____

Relationship to Applicant: _____

Sponsor's Name (printed): _____

Sponsor's Address: _____
Number and Street

City/Town

State/Province/Country

Zip/Postal Code

Then personally appeared the above-named _____ and acknowledged the foregoing instrument to be his / her free act and deed, before me.

Notary Public

(SEAL)

My commission expires _____



Dependent Family Visa Request and Affidavit

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 Brookline, MA 02445 www.hchc.edu
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INTERNATIONAL APPLICANTS ONLY

The spouse and unmarried minor children of an F-1 student may be accorded F-2 status to accompany the student to the United States or to join the student at a later date. In order to facilitate this process, all international applicants and their spouses must read this form, provide the necessary information, sign the bottom, and have their signature notarized.

The undersigned applicant and spouse understand that, in order for the dependent family members to be accorded F-2 status, they must establish to the satisfaction of the United States consular officer and the immigration officer at the point of entry that: (1) they have sufficient funds to cover their family expenses or that other arrangements have been made to provide for their expenses; and (2) that they are expected to leave the United States upon the expiration of the student's visa.

The undersigned further understand that dependent family members may not accept employment or engage in business under any circumstances. Employment, in this context, is defined as the rendering of services (part or full-time) for financial or other compensation, including self-employment and on-campus employment.

Applicant's Name: _____

	Name (as it appears on their passport)	Date of Birth (mm/dd/yy)	Country of Birth
Spouse			
Unmarried Minor Children			

Applicant's Signature: _____ Date: _____

Spouse's Signature: _____ Date: _____

Then personally appeared the above-named _____ and acknowledged the foregoing instrument to be his / her free act and deed, before me.

Notary Public

(SEAL)

My commission expires _____



Driving Directions

Hellenic College Tel. 617-850-1260
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From Routes 95 and 128 South:

- Take 128 South to Route 9 (Exit 20A - Brookline/Boston) heading East.
- Once on Route 9, count 9 sets of lights (4-5 miles).
- At the last set of lights, there is a 4-way intersection, bear right onto Lee Street.
- Get into left lane and take road as far as you can. There is a set of lights at the end. Take a left.
- There is a fork in the road. Stay to your left getting onto Goddard Avenue.
- From that point, continue on winding road .8 of a mile, passing the Park School on your left.
- Entrance to the campus will be on your right.

From Route 1:

- Take Dedham - Boston and Providence Turnpike Exit (Rte 1).
- Stay on Rte. 1 for approximately 4-5 miles – You will see the Veterans Hospital on your right after you go through a set of lights.
- Continue on Rte. 1 (also known as VFW Parkway).
- At the 8th set of lights, take left onto Independence Drive, which is between the Village at Chestnut Hill and Harvard Vanguard.
- Continue until you reach the Puterham Circle Rotary.
- At the rotary, stay straight (in at 6, out at 12), stay in the right lane.
- Go straight through 2 sets of lights. At the fork turn left onto Goddard Avenue.
- Continue on Goddard Avenue for about 1/4 of a mile.
- Entrance to the campus will be on your right.

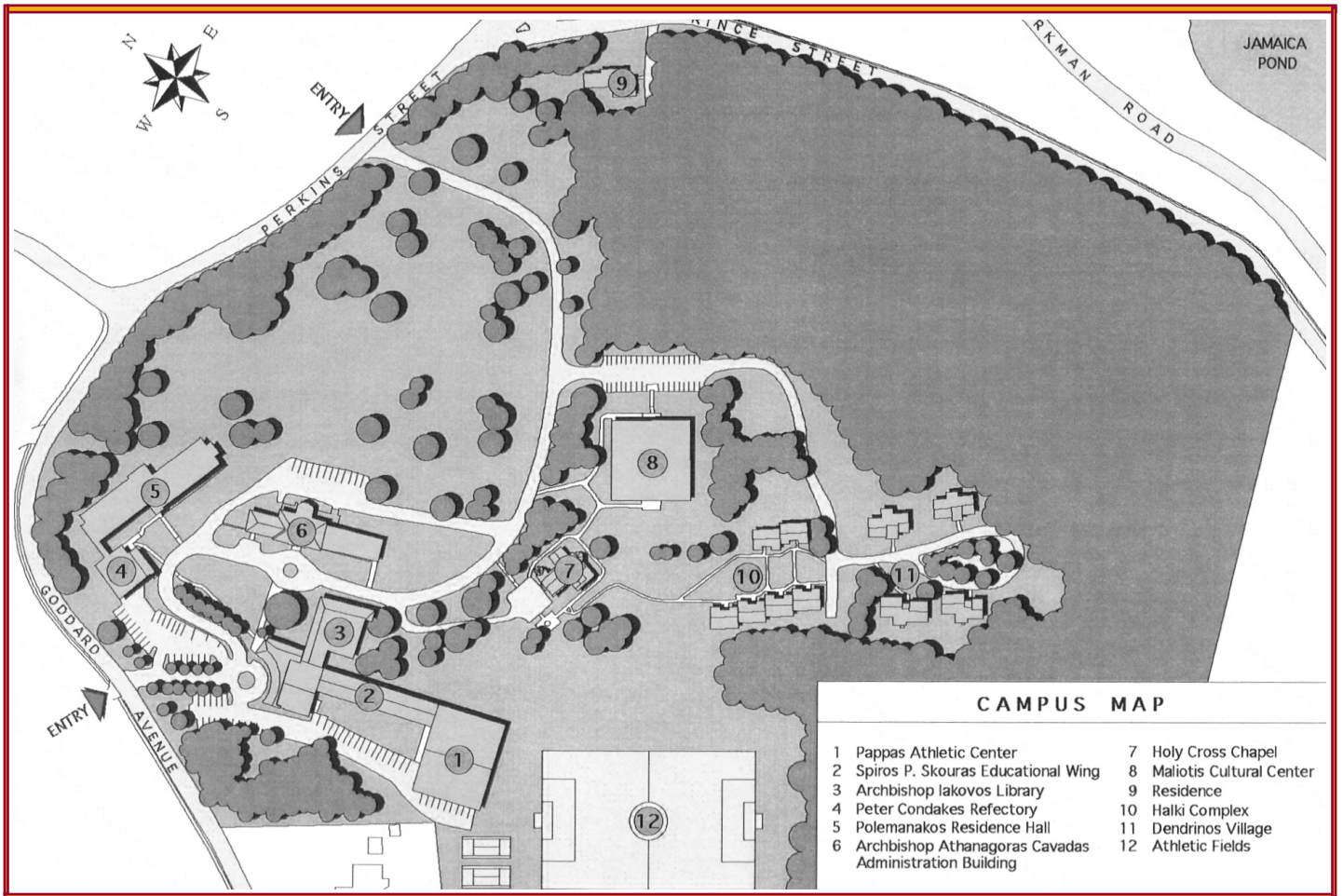
From Logan International Airport:

- From Logan Airport, follow signs for Callahan Tunnel/Boston.
- Take the Storrow Drive Exit
- Stay on Storrow Drive West to the Fenway Exit.
- At the set of lights, take a right to Boylston St. – Outbound.
- Stay to the left and at the 4th set of lights, turn left onto Brookline Avenue. (Hospital Row).
- At the 7th set of lights, take a left onto the Riverway (also known as the Jamaica Way).
- At the 3rd set of lights, take a right onto Perkins St. – Jamaica Pond will be on your left.
- Go through set of lights and continue straight until you see the sign on the fence for Hellenic College and Holy Cross.
- The entrance to the campus will be on your left, right after the sign.

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An important part of choosing a college is the campus visit. Candidates can tour the campus with a Hellenic College student, as well as meet with the Director of Admissions, Hellenic College faculty members, and (if requested) with a deacon or priest. Meetings are offered on weekdays between 9 AM and 4 PM. Prospective students are welcome to attend one or two classes during the academic year. Campus visits and meetings must be arranged in advance by contacting the Office of Admissions.



Financial Aid Checklist

Hellenic College
50 Goddard Avenue
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Toll Free 866-424-2338

Tel. 617-850-1260
Fax. 617-850-1460
www.hchc.edu
admissions@hchc.edu

FINANCIAL AID APPLICATION CHECKLIST

The Financial Aid Office requires the following documents in order to determine your eligibility to receive any and all sources of Financial Aid.

Please use this checklist to verify that you have submitted all the necessary paperwork to the Financial Aid Office:

- | | |
|---|----------------------|
| <input type="checkbox"/> FAFSA | Date Submitted _____ |
| <input type="checkbox"/> HCHC Financial Aid Application | Date Submitted _____ |

If selected for verification by the Department of Education, or if required by the Hellenic College Financial Aid Office, please submit the following documentation to the Financial Aid Office:

DOCUMENT

- Signed copy of student and spouse (if married) Federal Income Tax Return for the most current year
- If you are under 24 years of age, signed copy of parent(s) Federal Income Tax Return for the most current year
- Federal Verification Worksheet
- Additional Documents as requested
 - _____
 - _____
 - _____
 - _____

DATE SUBMITTED

This checklist is for your use. Keep it for your records.

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www.hchc.edu
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FINANCIAL AID ELIGIBILITY REQUIREMENTS

To be considered for Institutional and/or Federal Financial Aid, a student must:

- A. Be accepted into a program of study.
- B. Be enrolled full-time (minimum of 12 credit hours).
- C. Must maintain satisfactory academic progress (SAP).
 - a. For all Institutional Aid, including grants and scholarships, Hellenic College defines SAP as a 3.0 cumulative grade point average (GPA).
 - b. For Federal Aid, the Department of Education defines SAP as a 2.0 cumulative GPA.
- D. File a yearly FAFSA (existing students must file by April 1st; new students must file by May 1st).
- E. Submit all applications/paperwork by the posted deadlines.

TO APPLY FOR FINANCIAL AID

Complete the following:

- A. FAFSA (Free Application for Federal Student Aid), visit www.fafsa.ed.gov. The code for Hellenic College is #002154. On-line applications must be signed using your pin number. If you do not already have a pin, visit www.pin.ed.gov.
- B. Complete the Hellenic College Financial Aid Application.
- C. Provide additional documentation as requested.

If you previously applied for Financial Aid for the prior academic year, then simply visit the FAFSA website @ www.fafsa.ed.gov. Click on the renewal tab and proceed as instructed. You are eligible to submit a FAFSA beginning January 2nd of each year. For all existing students, your FAFSA forms must be received in the Financial Aid Office no later than April 1st of each year. **THERE ARE NO EXCEPTIONS TO THIS DEADLINE.**

Processing your FAFSA takes approximately two weeks from the date of submittal.

Financial Aid Application

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 Brookline, MA 02445 www.hchc.edu
 Toll Free 866-424-2338 admissions@hchc.edu

FINANCIAL AID APPLICATION

Legal Name: _____ Gender: Male Female
Last/Family First Middle (complete) Jr. etc.

Prefer to be called: _____ (Nickname) Former Name(s): _____

Permanent Home Address: _____
Number and Street

City/Town State/Province/Country Zip/Postal Code

Permanent Home Telephone: _____ Work Phone _____
Area Code/Number Area Code/Number

U.S. Social Security Number: _____ Email Address _____

Date of Birth: _____ Place of Birth: _____
City/Town State/Province Country

If different from above, please give a mailing address for correspondence.

Mailing Address: _____
Number and Street

City/Town State/Province/Country Zip/Postal Code

Telephone at Mailing Address: _____
Area Code/Number

Citizenship: U.S. Citizen
 Non U.S. Citizen - Country of Origin _____
 Permanent Non-Resident (green card) _____
 Single Married Number of Children _____

Enrollment Status

Program of Study: M Div MTS Th M Religious Studies A Religious Studies B
 Classics Human Development Elementary Education Management & Leadership Literature & History

Are you a child of an HCHC Alumni? Yes No

OUTSIDE AID SOURCES

Please report all expected/known sources of Financial Aid you expect to receive for the upcoming academic year:

<input type="checkbox"/> Parish Support	\$ _____	_____ Name/Source
<input type="checkbox"/> Foundation(s)	\$ _____	_____ Name/Source
<input type="checkbox"/> Organization(s)	\$ _____	_____ Name/Source
<input type="checkbox"/> Veteran's Benefits	\$ _____	_____ Name/Source
<input type="checkbox"/> Other	\$ _____	_____ Name/Source

Do you wish to apply for a Federal Student Loan? Yes No

To date, have you received any Federal Student Loans? Yes No If yes, how much is your total indebtedness? \$ _____

