

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: _____

