



Kentucky  
Christian  
University  
ESTABLISHED 1919

## Residence Hall Application

Date \_\_\_\_\_ Semester: Fall 20 \_\_\_\_\_ Spring 20 \_\_\_\_\_  
Name \_\_\_\_\_ Gender:  M  F  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Preferred Contact Number (\_\_\_\_\_) \_\_\_\_\_ This is  Cell  Home  Work  
Email Address: \_\_\_\_\_

Requested Roommate: \_\_\_\_\_

*(Note: If the person does not request you, the request will not be honored)*

### Roommate Survey:

1. How old are you? \_\_\_\_\_
2. Are you a transfer student?  Yes  No
3. Expected college major? \_\_\_\_\_
4. What kind of music do you like? \_\_\_\_\_
5. What do you do for fun? \_\_\_\_\_
6. What are your favorite TV shows? \_\_\_\_\_
7. What kinds of books do you like to read? \_\_\_\_\_
8. Are you planning on playing a varsity sport? \_\_\_\_\_ Which sport? \_\_\_\_\_

### Tell us about yourself (check one):

- |                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 9. When do you prefer to study?<br><input type="checkbox"/> In the morning<br><input type="checkbox"/> During the day<br><input type="checkbox"/> Late at night                                                      | 15. How do you see yourself?<br><input type="checkbox"/> Very shy<br><input type="checkbox"/> Somewhat shy<br><input type="checkbox"/> Not too shy, not too outgoing<br><input type="checkbox"/> Outgoing<br><input type="checkbox"/> Very outgoing       |
| 10. Do you spend a lot of time studying?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                 | 16. How do you feel concerning the telephone?<br><input type="checkbox"/> I enjoy talking on the phone<br><input type="checkbox"/> I use the phone when necessary                                                                                         |
| 11. When studying, which do you prefer?<br><input type="checkbox"/> Noise (TV, music)<br><input type="checkbox"/> Silence                                                                                            | 17. How do you consider yourself?<br><input type="checkbox"/> Neat and tidy<br><input type="checkbox"/> Tidy, but occasionally messy<br><input type="checkbox"/> Messy, but I can find everything<br><input type="checkbox"/> There's a floor under this? |
| 12. When do you go to bed and get up?<br><input type="checkbox"/> Early to bed, early to rise<br><input type="checkbox"/> It varies, based on my schedule<br><input type="checkbox"/> Go to bed late and get up late | 18. Are you a sports fan?<br><input type="checkbox"/> You bet!<br><input type="checkbox"/> Sports are OK, but I'm not a fanatic<br><input type="checkbox"/> Yawn!                                                                                         |
| 13. Do you need total quiet to sleep?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                    |                                                                                                                                                                                                                                                           |
| 14. Do you like to jog or workout occasionally?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                          |                                                                                                                                                                                                                                                           |