

Wellness Supplemental Application 2014 – 2015

Application due to the Office of Residence Life & Housing by **Monday, April 14, 2014 at 3:00 pm.**

Please Note:

- **All Wellness members must be financially cleared** in order to be eligible to participate in this process.
- Your academic standing and conduct history will be considered during the application review process.
- In the event that your Wellness application is not accepted, you may participate in the general selection of a room on May 5 or May 7, depending upon class level and room draw number.

Section 1: Personal Information

Print Full Name:	Bard ID:	Cell Phone:	Current Class Year: <input type="checkbox"/> First-Year <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior
Course of Study:			

Section 2: Application Details

Please respond to the following statements and attach your responses to this cover page. No hand-written responses will be accepted. Applications will not be considered without these responses.

1. What aspects of living in a Wellness Neighborhood interest you most and why do you want to live in this community?
2. Specifically, why do you want to live in alcohol-free/quiet housing?
3. What extracurricular activities do you take part in? What do you enjoy doing in your free time?
4. How would living in Wellness fit into or change your experience at Bard?
5. Students living in a Wellness Community may be asked to serve on committees, expected to participate in activities, and attend meetings while balancing other responsibilities. What do you believe you can bring to this community?
6. What are your sleeping habits (e.g., when do you wake/go to sleep)?
7. Thinking about noise level, please describe how much noise you produce (e.g., very quiet, listen to loud music) and how tolerant you are of noise in your community (e.g., must be completely silent, could be loud music playing any time of day or night).

Section 3: Roommate Information

Do you have a roommate in mind who is also applying for a Wellness Neighborhood*? ☐ Yes ☐ No

***Please remember, if you are currently a first-year student, you will be assigned to a double room.**

If yes, please provide the name of your requested roommate: _____

If no answered "no", you will be assigned to live with another applicant with whom you may not know.