



EDUCATIONAL OPPORTUNITY FUND

**Summer
Residence Life Application**

Roommate Matching Questionnaire

Name _____ Date _____

Signature _____ SS# _____

Age _____ Gender: Male _____ Female _____

Requested Roommate

Name _____ SS# _____

Room Maintenance

_____ Very Neat _____ Average _____ Cluttered

Sleeping Pattern

_____ Early to Bed (before 11 p.m.) _____ Late to Bed (after 11 p.m.)

Study Habits

_____ 2 hrs./day _____ Music On _____ Music Off

_____ 2-4 hrs./day _____ TV On _____ TV Off

_____ More than 4 hrs./day

Study Environment

_____ Room _____ Library _____ Lounge _____ Other

