

Southern Scholarship Foundation

Roommate Matching Form

Name: _____

School Name: _____ Graduation Year: _____

School Email: _____ Cell Phone: _____

Major(s): _____ Minor(s): _____

** Please answer all questions in order to ensure that you will be matched with a compatible roommate. **

1. If the house has two levels would you prefer to live **Upstairs** or **Downstairs**? **circle one**
2. How important is room cleanliness? **Not that much** **Somewhat** **Extremely**
3. Are you an early bird or night owl? **Early Bird** **Night Owl**
4. Are you a light or heavy sleeper? **Light Sleeper** **Heavy Sleeper**
5. Would you prefer your roommate to be in the same major as you? **Yes** **No**
6. Will you be involved in organizations that will limit your time spent in the room? **Yes** **No**
7. Do you care if your roommate comes home late at night? **Yes** **No**
8. Will you be rushing a fraternity or sorority? **Yes** **No**
9. Will it be a problem if your roommate is on the phone or is watching television late at night? **Yes** **No**
10. Is it okay if your roommate brings friends over? **Yes** **No**
11. What organizations will you be joining? _____

12. Please list any pet peeves that would cause problems with your roommate.

- a. _____
- b. _____
- c. _____

13. Please list any other concerns you might have or any information that would help your

House Manager assign you to a roommate to with whom you are compatible? Such as:

personality traits, friendliness, etc.

- a. _____
- b. _____
- c. _____