

Applicant Information

Full Name: _____ Date: ____ / ____ / ____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ *City State Zip Code*

Home Phone: (_____) Cell Phone: (_____)

Gender: _____ Date of Birth: ____ / ____ / ____ Email: _____

SFSC Student ID: **X00** SFSC Student Email: _____

Emergency Contact Information

Parent/Guardian Name: _____ Relationship: _____

Home Phone: (_____) Cell Phone: (_____)

Email Address: _____

Please answer the following questions below.

Indicate preferred room type by number choice: Single: _____ Double: _____ Quad: _____

Request housing for the beginning of which term? FALL 2024 SPRING 2025 SUMMER 2025

Have you completed your FASFA/applied for Financial Aid? YES NO

Do you or will you have an automobile during residence? **(Transportation is not provided.)** YES NO

Are you a returning student resident? YES NO

Has an SFSC Athletic Coach recruited you? If yes, which sport? _____

Name of preferred roommate(s): _____

Do you authorize the release of your contact information to your assigned roommate(s)? Please initial: _____

Do you have any medical conditions that we should be aware of? If so, please list. _____

Have you been dismissed from an educational institution for a behavioral infraction? If so, please explain. _____

Have you ever been arrested and/or convicted of a crime? If so, please explain. _____

(Potential student residents must disclose any criminal convictions prior to acceptance into the Hotel Jacaranda Residence Facility. Failure to be completely truthful can lead to dismissal.)

OFFICE USE ONLY

Application Fee: _____ **Application Date:** _____ **Room Number & Assignment:** _____