

Jacaranda Residence Facility Application Academic Year 2017-2018

Applicant Name: _____
Last First M.I.

Mailing Address: _____
Street Address or P.O. Box City/State/Zip

Home PH #: _____ Your (applicant) Cell #: _____

Preferred Email: _____ Gender: _____
(We will send all student information, to include Welcome Packet, Invoice, and Room Assignment to this email address, so print clearly.)

SFSC Student ID #: X00 _____ Birthdate: _____

Parent/Guardian Name: _____ Relationship: _____

Is parent/guardian address and phone number the same as above? (Please circle) YES NO

If no, please list:

Parent/Guardian Address: _____
Street Address or P.O. Box City/State/Zip

Parent/Guardian Phone #: _____ Cell Phone: _____

Parent/Guardian Email: _____

I will need housing beginning (please circle): Fall Spring Summer Year: _____

Expected date of completion/graduation from SFSC (month/year): _____

Type of room preferred? (Indicate 1st, 2nd, 3rd choices): Quad _____ Double _____ Single Shared _____

Do you have a specific room number in mind? If so, what is it? 1) _____ 2) _____ 3) _____

I authorize the release of my name and cell phone number to my roommates/suitemates (initials) _____

Roommate preference? (If any): _____

Will you need a micro fridge (small refrigerator/freezer with microwave secured on top) for \$20 a month? (Please circle) YES NO

Please describe any physical disabilities, medical conditions, chronic illness or allergies we should be aware of: _____

Will you have an automobile? Transportation is not provided. (Please circle) YES NO UNSURE

Are you being or have you been recruited by an SFSC athletic coach? (Please circle) YES NO
If yes, which sport? _____

Are you a member of the SFSC Honors Program? YES NO

Do you have a housing scholarship from the SFSC Athletic Department? (Please circle) YES NO UNSURE

Jacaranda Residence Housing Agreement Academic Year 2017-2018

All residents are expected to live according to community standards conducive to a wholesome collegiate experience. Specific regulations pertaining to student residents include the following:

1. Alcohol and controlled substances (illegal drugs) are not allowed on the premises of the residence facility.
2. Firearms, other weapons, fireworks and ammunition are not allowed on the premises of the residence facility.
3. Candles are not allowed in the residence facility.
4. Certain specific quiet hours must be observed daily to facilitate study.
5. Tobacco use of any kind is prohibited on the premises.

Additional standards and regulations are outlined in the 2017 – 2018 Jacaranda Residence Facility Student Handbook.

I, _____ have received a copy of the Jacaranda Residence Facility Student Handbook, academic year 2017-2018. I have read and understand it, and I agree to abide by it. I also understand that if I violate the regulations outlined in the handbook, I can face disciplinary action up to and including eviction. I understand that I must maintain full-time status at SFSC to live in the Jacaranda Residence Facility. I understand I may not get my first choice of room type, but I will accept any type of room that is offered or I will lose the \$250 security deposit.

I, _____ agree that should I be offered a room at the Jacaranda that I will be a resident of the facility throughout the course of the 2017-2018 school year to include fall and spring terms. I understand that I will be held responsible for all rent due for both terms even if I should leave early. I understand that the only exception to this agreement is if I am no longer a student at South Florida State College.

I have included the \$300 application fee (\$50 non-refundable processing fee, \$250 security deposit). The application will not be processed without the payment. I understand that failure to accept the room as offered will result in loss of the security deposit. I understand the security deposit will be refunded at the end of my stay unless damages or other charges are issued to my college account.

Student Signature

Date

If student is under 18 years of age, parent or guardian must also sign

Parent/Guardian's Signature

Date

Mail completed application and \$300 application fee to:
SFSC Foundation, Inc. 13 E. Main St. Avon Park, FL 33825

OFFICE USE ONLY-

Application Fee: _____ **Date Received:** _____ **Room Number Assigned:** _____