

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 2023 SPRING 2024 SUMMER 2024

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

Have you been recruited by an SFSC Athletic Coach? If yes, which sport? _____

Name of Preferred Roommate(s): _____

Do you authorize the release of your name and cell phone number to your roommate(s)? Please initial: _____

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

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

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

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

OFFICE USE ONLY

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