

**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.**

What is your preferred room type?  Double  Quad

Request housing for the beginning of which term?  Fall 2025  Spring 2026  Summer 2026

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 a SFSC Athletic Coach? If so, what 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: \_\_\_\_\_