SHINSHU KYOKAI
DORMITORY
APPLICATION

Name:

Valid only when the applicant is accepted and a room assignment is made. Applicant will complete this form and submit it to the Dormitory office. PLEASE TYPE/PRINT IN INK.

I am applying for residency in Shinshu Kyokai Mission Dormitory for the period (specify the dates):

11 0	•		·	
Beginning _		and End		
	Special Requests:	Lanai	_ Parking _	
Full Name		Sig	gnature	
Homestreet				Phone
School to attend			Major	
Social Security #	Age	Sex	Birthdate	Do you smoke
Are you a U.S. Citizen? Y if "I	NO," your country:			
Parents (Father, Mother)				Phone(s)
Person to call in emergency:				Phone
You have any chronic ailment, or or FOR EMERGENCY SITUATIONS	physical or emotion	nal condition i	needing consid	
Your physician				Phone
Medical Insurance Plan				Policy #
Were you ever a dormitory reside.	nt? When	re?		
Are you employed? Y Employ				
E-MAIL:		NOTES:		

Name:

	SECURITY DEPOSIT PAID	\$	RECEIPT#	DATE Received		
	SECURITY DEPOSIT REFUND	\$	SKM CK#		DATE Sent	
	MONTH PAYMENT	DATE	RECEIPT #	AMOUNT	LANAI	PARKING etc
1	JANUARY					
2	FEBRUARY					
3	MARCH					
4	APRIL					
5	MAY					
6	JUNE					
7	JULY					
8	AUGUST					
9	SEPTEMBER					
10	OCTOBER					
11	NOVEMBER					
12	DECEMBER					

NOTES: