

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):

Beginning _____ and Ending _____

Special Requests: Lanai _____ Parking _____

Full Name _____ Signature _____

Home _____ Phone _____
street city state zip

School to attend _____ Major _____

Age _____ Sex _____ Birthdate _____ Do you smoke? _____

Are you a U.S. Citizen? Y/N _____ if "NO" your country of citizenship: _____

Parents (Father, Mother) _____ Phone(s) _____

Person to call in emergency: _____ Phone _____

You have any chronic ailment, or physical or emotional condition needing consideration in your room assignment, or FOR EMERGENCY SITUATIONS? _____ If YES, please explain:

Your physician _____ Phone _____

Medical Insurance Plan _____ Policy # _____

Were you ever a dormitory resident? _____ Where? _____

Are you employed? Y Employer _____ Phone _____

E-MAIL: _____

NOTES: