

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 _____

Social Security # _____ Age _____ Sex _____ Birthdate _____ Do You Smoke? _____

Are you a U.S. Citizen? Y ___ if "NO," your country :

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

Person to call in emergency: _____ Phone _____

Do you have any chronic ailment, or physical or emotional condition which should be considered 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? Y ___ N ___ Where? _____

Are you employed? Y ___ Employer _____ Phone _____

E-MAIL:

NOTES:

This side FOR OFFICE USE ONLY Name:

SECURITY DEPOSIT PAID	\$	RECEIPT #	DATE Received
SECURITY DEPOSIT REFUND	\$	SKM CK #	DATE Sent

	MONTH PAYMENT	AMOUNT	RECEIPT #	DATE	LANAI	PARKING
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: