

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 _____

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:

This side OFFICE USE ONLY

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: