



**ROCKY MOUNTAIN COLLEGE**

**RESIDENCE PROGRAM APPLICATION**

The choice to live in the Residence Program is a decision to participate in a unique community. The residence program provides a context which supports academic achievement, joined to Christian faith and practice. The residence community is based upon principles of self-discipline and mutual accountability. Those who enter residence will be challenged to exhibit concern for others and to call one another to high standards of integrity. All who would pursue such a standard are welcome.

Application for Semester:  Fall 20\_\_\_\_  Winter 20\_\_\_\_

This information is collected under the authority of the Freedom of Information and Protection of Privacy Act. It is required to process the application for a room in the Residence Program at Rocky Mountain College. The information will form part of the student record. If you have any questions about the collection or use of this information, please contact: Residence Program at (403) 284-5100.

**THIS APPLICATION WILL NOT BE PROCESSED WITHOUT PAYMENT OF THE REFUNDABLE \$400.00 RESIDENCE PROGRAM RESERVATION AND DAMAGE DEPOSIT (up to July 15 for Fall Semester and November 15 for Winter Semester)**

<b>PERSONAL DATA</b> - completion of all information is required as part of your application. The information is used to provide a compatible assignment and is confidential. <b>ANY</b> misrepresentation on this application form will deem this application void. Please print clearly.	SHADED AREA FOR OFFICE USE ONLY
Given Names (in full):	BUILDING / ROOM
<input type="checkbox"/> Male <input type="checkbox"/> Female	TYPE
Permanent Address:	
City: _____ Province: _____	RESIDENCE PROGRAM DEPOSIT RECEIVED? <input type="checkbox"/> YES <input type="checkbox"/> NO
Postal Code: _____ Country: _____	PAYMENT: <input type="checkbox"/> Cash <input type="checkbox"/> Visa <input type="checkbox"/> Cheque # _____
Email: _____	<input type="checkbox"/> Confirm _____
Phone: _____ Fax: _____	<input type="checkbox"/> Offer _____
Date of Birth:    /m    /d    /y	<input type="checkbox"/> Regret _____
<b>ROOM PREFERENCE</b> Blakiston Residence: <input type="checkbox"/> Standard Room <input type="checkbox"/> Standard Plus Room  Room preferences cannot be guaranteed, due to high demand. Stated preferences are assigned on the basis of date of <i>acceptance</i> to RMC.	

As a member of the Residence Program, I will make the following positive contributions to Residence life:

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I have read and understand the philosophy, policies, and procedures that are stated in the Residence Program Handbook. \_\_\_\_\_ Yes  
(This handbook can be accessed and downloaded at [www.rockymountaincollege.ca](http://www.rockymountaincollege.ca).)

I certify that the particulars furnished are true and complete in all aspects and that no relevant information has been withheld. I have communicated any pre-existing health problems or illness (see Confidential Health Form), so that proper care and attention can be given when necessary. The Residence Program, in consultation with Student Services, reserves the right to refuse, change or terminate residence accommodation, if it becomes apparent that I withheld any essential medical information, or that a physical, mental or behavioural condition while in Residence, appears to affect the well being of other students. I understand that Rocky Mountain College reserves the right to cancel any application on medical or any other grounds and agree, if assigned to Rocky Mountain College's Residence Program, to comply with the Residence Program Agreement and the regulations of Rocky Mountain College.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parental Guarantee (to be completed and signed if applicant is under 18 years).  
I guarantee to pay all charges arising out of the Residence Reservation and Damage Deposit and Contract for the said Applicant.

Guarantor's Name (please print): \_\_\_\_\_

Guarantor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_