



APPLICATION FOR RESIDENCE - Part 1 of 2

112 Dixie Kohn Drive, Park Hills, MO 63601

Phone (573) 518-1330

FAX (573) 518-1336



Mineral Area College
Serving Communities Since 1992

Instructions:

- 1) Complete fully and sign.
2) Return with a \$200 check made payable to College Park.

Date: _____

Name: _____

Permanent home address: _____

City, State, ZIP _____

Home telephone: _____

Current local address: _____

City, State, Zip: _____

Cell phone number: _____

E-mail address: _____

Social Security number: _____

Date of birth: _____

_____ Male _____ Female

Parent/Guardian: _____

Telephone: _____

Emergency contact other than parent/guardian (Name and Number): _____

Source of funds for housing:

___ Self-Pay ___ Scholarship ___ Other

Explain/Type: _____

Your college standing at the start of the upcoming Fall semester:

Freshman Sophomore

Faculty/Staff Other

You are a:

___ New Student

___ Transfer Student

___ Continuing Student

Major field of study: _____

For room assignment: do you feel most comfortable in your room when it is neat or messy? _____

(Rate with 1 being neatest and 5 messiest)

Do you mind music while studying? ___ Yes ___ No

What type of music do you listen to? _____

Do you smoke? ___ Yes ___ No

Special needs to be considered: _____

Other (roommate preferences, etc.) _____

List choices 1 and 2 of preference in the boxes below.

___ 4 bedroom unit furnished - private bedroom

___ 2 bedroom unit furnished - private bedroom

Select your contract length:

___ The academic year (Fall/August to Spring/May)

___ A full year (Fall/August to Fall/August)

___ Summer only or Spring only or Fall only (circle one)

Note: The apartments may be occupied during the academic breaks that occur within the housing agreement time frame.

Select your payment schedule:

___ Advance ___ Monthly

How did you hear about College Park?

___ Direct Mail ___ Friend ___ Newspaper

___ Orientation ___ Signage ___ MAC Admissions

Have you ever been convicted of a felony? Yes No

Have you ever been convicted of a sexual crime? Yes No

All the information contained herein is correct. Failure to fully report any felony convictions or sexual crime status will result in voiding this application and /or immediate eviction. Permission is granted to use photos for college purposes. Mineral Area College is authorized to check my credit history for the purpose of this Housing Agreement.

Signature: _____

What to do Next

Now that you have completed your residence application, please return it to College Park along with a \$200 check (\$150 security deposit and a \$50 non-refundable fee). Please make check or money order payable to College Park. A Housing Agreement will be sent to you for your signature. Your accommodation is only reserved upon final delivery to you of a fully executed Housing Agreement.

Refund Policy

You may cancel this application and have your security deposit of \$150 refunded, provided you cancel the application 30 days prior to semester start date.



APPLICATION FOR RESIDENCE- PART 2 OF 2

RESIDENT ELIGIBILITY AND BACKGROUND INVESTIGATION NOTICE

Applicants for residency to College Park are required to honestly disclose information related to their criminal history, if any. All applicant information is kept in strict confidentiality. Applicants who fail to fully disclose information as requested may be refused admittance to College Park, or in the event that admittance was granted under false pretenses, may be immediately evicted from College Park. Mineral Area College reserves the right to consider criminal history information as a factor in determining eligibility for residency at College Park. Failure to fully complete Part 1 and Part 2 of the Application for Residency will result disqualification for consideration of residency at College Park.

CRIMINAL HISTORY DISCLOSURE AND BACKGROUND INVESTIGATION CONSENT

In the interests of campus and residents safety, applicants for consideration of residency at College Park must fully answer the following questions:

Have you **ever** been **arrested or convicted** of a felony, in this state or any other state?

Circle your answer: YES NO

If yes, provide a brief description:

Have you **ever** been **arrested or convicted** of a sexual offense in this state or any other state?

Circle your answer: YES NO

If yes, provide a brief description:

BACKGROUND CONSENT AND WAIVER FORM

As part of the process in determining my eligibility for residency at College Park, I hereby grant College Park, through the Mineral Area College Department of Public Safety, the right to conduct a background investigation to determine the veracity of my application for residency. I understand that all information will remain strictly confidential. I also hereby waive any and all claims for damages against Mineral Area College, its Board of Trustees or college employees, that may arise directly or indirectly as a result of information discovered or decisions made based on that information, as it pertains to my possible eligibility to be considered for residency at College Park. This waiver shall be equally binding on my heirs, agents, representatives or assignees.

Print Name- First, Middle Initial, Last

Date

Signature of Applicant for Residency

Witness Printed Name and Signature: _____