

WBC Family Student Housing Application

Date of Application _____

PERSONAL INFORMATION

Last Name _____ First _____ Middle _____

Current Mailing Address _____

City _____ State _____ Zip _____ Phone () _____

Cell phone () _____ Emailaddress _____

Classification: _____ Freshman _____ Junior _____ Full-Time Student

_____ Sophomore _____ Senior _____ Part-Time Student

SpouseName: Last _____ First _____ Middle _____

Classification: _____ Freshman _____ Junior _____ Full-Time Student _____ Non-Student

_____ Sophomore _____ Senior _____ Part-Time Student

Please list name, age, and gender of all children _____

Name of nearest relative (not spouse) _____

Mailing Address _____

City _____ State _____ Zip _____ Phone(____) _____

Cell phone (____) _____

HOUSING SELECTION

Total number to be housed _____

Housing preference, if any _____

Will you accept housing at any location? Yes _____ No _____ Date you plan to move in _____

Requested dates of occupancy: From: _____ Fall _____ Spring _____ Summer, 20 _____

To: _____ Fall _____ Spring _____ Summer, 20 _____

I request consideration for Williams Baptist College housing based on the information provided above which is correct to the best of my knowledge. I further understand that a security deposit must accompany this application to validate the request. Return this form and the deposit to the Office of Student Affairs, Williams Baptist College, P.O. Box 3731, Walnut Ridge, Arkansas 72476.

Signed _____ Date _____

Office Use Only

App Received _____ Deposit Received _____