



CHARLES F. ("DOC") JOHNSTON RESIDENCE
ST. ANDREW'S COLLEGE
1121 COLLEGE DRIVE, SASKATOON, SASKATCHEWAN S7N 0W3

APPLICATION FOR RESIDENCE

NAME (please print) _____ Email _____ SEX M or F
ADDRESS _____ CITY _____ POSTAL CODE _____
TELEPHONE NUMBER _____ DATE OF BIRTH _____
NEXT OF KIN _____ RELATIONSHIP _____
ADDRESS _____ TELEPHONE _____
LAST SCHOOL OR COLLEGE ATTENDED _____

UNIVERSITY FACULTY OR COLLEGE IN WHICH I PLAN TO STUDY _____

IF ADMITTED, I WILL BE IN YEAR 1 OR _____
I REQUIRE ACCOMMODATION AT ST. ANDREW'S FROM 20 TO 20 _____

THE FOLLOWING PERSONS WILL BE ASKED TO SUPPLY REFERENCES (eg: Minister, Teacher, Employer).
PLEASE GIVE FULL ADDRESS TO AVOID DELAY IN PROCESSING APPLICATION.

1. _____
ADDRESS _____
2. _____
ADDRESS _____

EMPLOYMENT EXPERIENCE _____

INTERESTS: CHURCH GROUPS OR CLUBS _____
SPORTS _____
HOBBIES _____
COMMUNITY SERVICE PROJECTS _____

AFTER HAVING READ THE INFORMATION FOR PROSPECTIVE RESIDENTS, STATE BRIEFLY ON THE BACK OF THIS APPLICATION FORM WHY YOU WOULD LIKE TO BECOME A MEMBER OF THE ST. ANDREW'S COLLEGE RESIDENCE COMMUNITY.

I UNDERSTAND THE PURPOSE OF THE ST. ANDREW'S COLLEGE RESIDENCE COMMUNITY, AND I INTEND TO PARTICIPATE IN ITS LIFE.

SIGNED _____

DATE _____

FOR OFFICE USE ONLY

Application Fee Received _____ Reference Forms Received _____
Contracts Sent _____ Signed Contracts Received _____
Accepted Yes - No - Notified _____ Deposit Received _____

ROOM NUMBER _____