

FOR OFFICE USE ONLY

BARBER-SCOTIA COLLEGE  
145 Cabarrus Avenue, West  
Concord, NC 28025

Contact Received: \_\_\_\_\_

Housing Assignment: \_\_\_\_\_

Roommate: \_\_\_\_\_

Reservation Fee \_\_\_\_\_ Key Deposit \_\_\_\_\_

CAMPUS HOUSING  
APPLICATION  
Print or Type Information Clearly  
Be Sure To Complete All Spaces

An application must be on file in the Office of Student Affairs and a \$50.00 Reservation Fee is required each year of attendance. STUDENTS SIGN THE HOUSING APPLICATION WITH THE UNDERSTANDING THAT THEY ABIDE BY THE TERMS OF THE CONTRACT AND THE RULES AND REGULATIONS OF THE COLLEGE.

Barber-Scotia College is a residential campus. Freshmen and sophomores are required to live on campus unless they are: (1) residing off-campus with apparent/guardian; (2) over 21 years of age; (3) a veteran of active military services; (4) married; (5) enrolled for less than 12 semester hours of classes during regular sessions; or (6) engaged in an off-campus affiliation per expressed permission from Office of the President.

Name: \_\_\_\_\_ SS# \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Last First MI  
\_\_\_\_\_ Male \_\_\_\_\_ Female Birth Date \_\_\_\_\_ Permanent Phone \_\_\_\_\_ Current Phone \_\_\_\_\_

Permanent Address: \_\_\_\_\_  
Number&Street City/Town State/Country Zip/Postal

Current Address: \_\_\_\_\_  
Number&Street City/Town State/Country Zip/Postal

Classification (whichever is applicable): \_\_\_\_\_ Freshman \_\_\_\_\_ Sophomore \_\_\_\_\_ Junior \_\_\_\_\_ Senior  
\_\_\_\_\_ Transfer \_\_\_\_\_ New Freshman \_\_\_\_\_ Continuing Student \_\_\_\_\_ Returning Student

Academic Year: \_\_\_\_\_ Fall Semester \_\_\_\_\_ Spring Semester

Parent(s) Guardian/Spouse \_\_\_\_\_ Phone Number \_\_\_\_\_

Address: \_\_\_\_\_

Roommate Preference (request for roommate must be mutual and submitted simultaneously) \_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, Who: \_\_\_\_\_

Do you have circumstances that will require special diet preparation? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please attach a prescription diet from physician with explanation.

Do you have any physical handicap(s) to be considered relative to room assignments? \_\_\_\_\_ Yes \_\_\_\_\_ No if yes, please attach a statement from physician describing handicap(s).

The Residence Halls are: Bouleware Hall, Graves Hall, Bethune Hall, and Faith Hall. MEALS ARE SERVED 7 DAYS A WEEK, EXCEPT DURING CHRISTMAS AND SPRING BREAKS WHEN THE RESIDENCE HALLS ARE CLOSED.

The following person(s) will sign housing and guarantee payment of my bills:

Guarantors's Name and Address

\_\_\_\_\_  
Applicant Signature Date \_\_\_\_\_

Please mail/return this form to:  
The Office of Admissions  
Barber-Scotia College  
145 Cabarrus Avenue, West  
Concord, North Carolina 28025