



APPLICATION FOR RESIDENCE ACCOMMODATION ST JOHN'S COLLEGE

A Founding and Member College of the University of Manitoba

Application Information: \$30 Application Fee (except for summer applications)

- Summer 2021 - Arrival Date: _____ Departure Date: _____
- September 2021 through April 2022 (Fall and Winter Terms)
- U of M Student ICM Student

STUDENT'S PERSONAL INFORMATION

Please print clearly! Student Number _____

- MALE FEMALE

First Name: _____ Middle Name: _____

Family or Last Name: _____

Preferred Name: _____

Address: _____

City: _____ Province/State: _____ Postal Code/Zip Code: _____

Country: _____ Email: _____ (official correspondence) Home

Phone: (____) ____ - ____ Cell Phone(____) ____ - ____

Country of Citizenship: _____ Date of Birth _____ / _____ / _____
Month Day Year

- Check all that apply: First Year Student I have lived in a University Residence before
- International Student Returning Resident - list 3 room choices

Is there anyone that lives in the residence that you would like to be placed beside (we cannot guarantee preferred placement)? What are their names:

1) _____ 2) _____ 3) _____ 4) _____

Signature of Parent/Guardian(if student is under 18) Signature of Student (Applicant)

PAYMENT OF APPLICATION FEE - \$30

Payments can be made by e-transfer, wire-transfer, cheque (drawn from a CDN institution), money order, or credit card.

- E-Transfer Wire Transfer Cheque Money Order Credit Card

Payment Instructions can be found on page 3.

Deposit

Once you get notification that a room is available for you, a non-refundable deposit is due before we can confirm and guarantee your room. This deposit is applied to 2nd term fees. For Summer stay, the deposit applies to the last month's rent.

Please fill out if paying by credit card:

I hereby authorize payment of:

- \$1,000 non-refundable deposit (Fall/Winter) \$500 non-refundable deposit (Summer)
- \$30 Application Fee

Please see page 3 to enter your credit card information.

Name: _____ Signature: _____

Office Use Only

- Email Application Acceptance:
- Room Assignment:
- Application Receipt:
- Deposit Receipt:
- Signed Contract Received:
- Confirmation Email Sent:
- Waitlist:

Parking Information

Are you bringing a vehicle?
Yes No

Parking is organized through parking services.

More information can be found at <http://umanitoba.ca/parking/>

COLLEGE MEMBERSHIP

- I am a St John's College Member
- I will register when I register for my courses or as soon as possible after acceptance by the University. Each Resident is required to become a member of St John's College. A fee of \$15 per term is added to your tuition. See membership information on the next page on how to register as a member of St John's College.

EMERGENCY CONTACT

Name: _____

Email: _____

Relationship: _____

Home Phone: _____

Work Phone: _____

Cell: _____

Address: _____

City: _____

Province: _____

Postal Code: _____

Please mail your payment and application form to: Dean of Residence, St John's College, 92 Dysart Road, Winnipeg, MB R3T 2M5. You can also send this by email to stjohnsresidence@umanitoba.ca. All correspondence will be sent to your email or current address.

We will notify you of your acceptance as soon as possible. Once accepted you will need to confirm that you wish to accept the room. Once confirmed, we will process the non-refundable deposit.



APPLICATION FOR RESIDENCE ACCOMMODATION ST JOHN'S COLLEGE

A Founding and Member College of the University of Manitoba

Written Interview Section – Tell us about yourself!

How did you find out about St John's College? Select any that apply.

- University of Manitoba
 School Visit
 Family/Friend
 Other (please specify)
 Brochure/Poster
 Guidance Counselor
 Current Resident Student: _____

Please answer the following:

Do you consume alcohol? Yes No

Do you smoke? Yes No

Are you interested in getting involved in student council? Yes No

Are you interested in volunteering for St. Johns College? Yes No

I want my neighbors to be: Social Quiet (We will do our best to place you accordingly)

What program are you enrolled in? _____

Do you have any allergies or dietary restrictions? Please note that while we do our best to accommodate everyone's needs, our kitchen does not have the capacity to provide completely allergen-free food or accommodate very strict diets

Will you have completed the equivalent of one year of post-secondary education at any university or college prior to the term for which you are applying? Yes No

How many hours in a day do you study: 1 2 3 4 5+

Would you say you are: Quiet 1 2 3 4 5 Social

When do you go to bed: Early 1 2 3 4 5 Late

Tidy or Messy: Tidy 1 2 3 4 5 Messy

Any other comments?

Questions? Call the Dean of Residence 1-800-432-1960 ext. 8363; Email: stjohnsresidence@umanitoba.ca 204-474-8363; General Office: 474-8531; Fax: 474-7610; Website: www.umanitoba.ca/colleges/st_johns

Submit your completed application with a non-refundable application fee payable to "St John's College", to **The Dean of Residence, St John's College, 92 Dysart Road, Winnipeg, Manitoba R3T 2M5**. Or fax your application to **(204) 474-7610**. Your cheque or money order for the application fee must be received within one week of the faxed application.

Each Resident is required to become a member of St John's College. U of M Students: It is your responsibility to register as a member of the College on Aurora. If you have not yet registered as a College member within two weeks of having moved into the residence, the College Registrar will add the SJC membership to your U of M registration and the membership fee of \$15 per term will be added to your U of M tuition fees. **ICM Students:** The membership fee of \$15 per term will be added to your residence fees.



Methods of Payment

1. **E-Transfer:** Send e-transfer and security answer to Nick.Procyshyn@umanitoba.ca

or

2. **Wire Transfer:** E-mail Nick.Procyshyn@umanitoba.ca for instructions

or

3. **Credit Card:**

Mail, fax, or email this Authorization Form to:

St John's College · 92 Dysart Road · Winnipeg, MB R3T 2M5 · Fax: 204-474-7601 Email: stjohnsresidence@umanitoba.ca

Please Check one: VISA
 MASTERCARD

CREDIT CARD NUMBER -----
(16 digits)

EXPIRY DATE: _____ / _____ 3 Digit Security Code: _____
(Month) / (Year)

NAME ON CARD: _____
(Please Print)

SIGNATURE OF CARD
HOLDER: _____

TOTAL AMOUNT TO PAY:
 \$30 Application Fee (Fall/Winter only)
 \$500 Non-Refundable Deposit - Summer only
 \$1,000 Non-Refundable Deposit - Fall/Winter
 Other: \$ _____

STUDENT'S NAME: _____
(Given names) (Family Name / Surname)

UNIVERSITY OF MANITOBA STUDENT NUMBER: _____

TELEPHONE NUMBER OF PERSON AUTHORIZING CARD: _____

PURPOSE OF PAYMENT: _____

Credit card information will be shredded after processing