

NORTHWEST INDIAN COLLEGE

X w l e m i E l h > T a l > N e x w S q u l



Office of Residence Life • 2522 Kwina Rd • Bellingham, WA 98226
Ph: 1-360-392-4207 • Toll-free 1-866-676-2772 ext 4207 • Fax: 1-360-752-1627 • www.nwic.edu

STUDENT RESIDENCE LIFE PROGRAM 2009-2010 APPLICATION CHECKLIST

Please include all of the following documents as your Residence Life Program Application Packet

- Completed Northwest Indian College Residence Life Program Application.
- Release of Information Form
- Additional Meal Plan form (optional, 60 meals come as part of your housing package)
- Vehicle Registration Form AND Proof of vehicle insurance (if you will be bringing a vehicle on campus)
- Verification of Tribal Affiliation (copy of enrollment card, CDIB, or letter from Tribe/Village verifying enrollment or status with tribe).
- Copy of Social Security Card
- Copy of Financial Aid Award Letter (if eligible) OR
Proof of Ability to Pay (Statement of tribal assistance, bank statement, General Assistance letter, etc.)
- Unofficial NWIC Transcript or Proof of Enrollment (If you are not yet a NWIC student, a copy of your enrollment will be required in the first week of classes)

You must also apply for admission to Northwest Indian College if you have not already done so.
Admissions Application packets are available online or in the Office of Admissions: admissions@nwic.edu

For information on Financial Aid Eligibility or applications, contact the Financial Aid Office at 1-866-676-2772 ext 4206. Complete the FAFSA online at <http://www.fafsa.ed.gov>

For more information on Student Housing, contact the Office of Residence Life at 1-866-676-2772, ext 4207

Residence Life Application Deadlines

Fall Quarter 2009 - September 1, 2009
Winter Quarter 2010 - December 1, 2009
Spring 2010 - March 1, 2010

Applications May be Accepted After These Deadlines on a
space-available basis

Please send completed application packets to:
NWIC Office of Residence Life
2522 Kwina Rd, Bellingham, WA 98226

Questions?
Call 360-392-4207
Or toll-free 1-866-676-2772 ext. 4207

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STUDENT RESIDENCE LIFE PROGRAM 2009-2010 APPLICATION

1. Student Information

Full Legal Name

Last First Middle Jr., etc.

Former Name(s): If your first or last name has changed, please indicate your former full name(s)

Last First Middle Jr., etc. Last First Middle Jr., etc.

Email Address

Current Mailing Address

Number and Street Apartment Number

Primary Telephone ()

City State Zip

Cell Phone ()

Date of Birth

____/____/____

Social Security Number

Gender Male Female

Age _____

Are you an enrolled member of the Lummi Nation? No Yes Enrollment # _____

If "No", are you an enrolled member of another federally recognized tribe? No Yes

If "Yes", Tribe _____ Enrollment Number _____

(To be considered a Resident for tuition paying purposes, Enrollment Services must have a copy of your Tribal verification on file)

How many credits are you/will you be enrolled in at NWIC? 12+ credits 7-11 credits 6 or fewer credits

Are you in good academic standing with NWIC and making an effort toward graduation? No Yes

Do you have any special dietary needs (vegetarian, allergies, religious restrictions, etc)? _____

Do you have any health concerns we should be aware of? _____

Have you ever been convicted of/pled guilty or no contest to a crime other than a minor traffic violation?

No Yes (If your answer is "Yes", you must submit a full statement of relevant facts on a separate sheet attached to this application. You may be required to supply copies of official documentation with the outcomes of the proceedings)

2. Rental Agreement Type

Annual* (Sept-June) **OR** Quarterly– Please Specify: Fall 2009 Winter 2010 Spring 2010

* Rent is charged in quarterly increments

Occupancy Preference: Double (Two beds per room) Triple (Three beds in a loft room)

How will you be paying for rent? _____

Roommate Choice #1 _____

Roommate Choice #2 _____

(The Residence Life staff will try their best to make these accommodations for you but we cannot guarantee assignments)

Will you be bringing a vehicle? No Yes - Please complete the Vehicle Registration form and attach proof of vehicle insurance to obtain parking permit

3. Roommate Questionnaire

Please check one answer for each of the following questions:

- | | | | |
|--|--|---|--|
| 1. Do you generally keep your room: | <input type="checkbox"/> Clean/Neat | <input type="checkbox"/> Comfortable | <input type="checkbox"/> Messy |
| 2. Do you smoke?* | <input type="checkbox"/> Frequently | <input type="checkbox"/> Occasionally | <input type="checkbox"/> Never |
| 3. Do you drink alcohol?* | <input type="checkbox"/> Frequently | <input type="checkbox"/> Occasionally | <input type="checkbox"/> Never |
| 4. When do you go to sleep? | <input type="checkbox"/> Before 10pm | <input type="checkbox"/> After 10pm | <input type="checkbox"/> Flexible |
| 5. When do you wake up? | <input type="checkbox"/> Before 8am | <input type="checkbox"/> After 8am | <input type="checkbox"/> Flexible |
| 6. How do you like to listen to music? | <input type="checkbox"/> Loud | <input type="checkbox"/> Medium | <input type="checkbox"/> Soft |
| 7. How old will you be when you move into student housing? | <input type="checkbox"/> 18-20 | <input type="checkbox"/> 21-24 | <input type="checkbox"/> 25 or older |
| 8. What temperature do you prefer to keep your room? | <input type="checkbox"/> Warm to hot | <input type="checkbox"/> Warm | <input type="checkbox"/> Cool/Livable |
| 9. Are you comfortable with visitors in your room: | <input type="checkbox"/> All the time | <input type="checkbox"/> A little bit | <input type="checkbox"/> Not at all |
| 10. What type of atmosphere do you like to study in? | <input type="checkbox"/> Quiet/No noise | <input type="checkbox"/> General noise | <input type="checkbox"/> Not in my room |
| 11. How do you feel about sharing some of your items with your roommate? (Rather than having duplicates) | <input type="checkbox"/> Not comfortable | <input type="checkbox"/> Certain items only | <input type="checkbox"/> What's mine is yours and vice versa |
| 12. What kind of music do you listen to? | _____ | | |
| 13. What approximate age would you prefer your roommate to be? | _____ | | |
| 14. What other preferences or concerns do you have for your room? | _____ | | |

* Smoking and alcohol are not allowed in the NWIC residence hall
Northwest Indian College is a Drug and Alcohol-Free Environment

4. Children

*NWIC permits one school aged child to reside with parent at the residence hall. First grade and above only.

Do you have a child that will be living with you in the residence hall while you attend NWIC? No Yes

Name of child _____ Age _____ Gender _____

Child's School _____ Grade _____

Does your child have any health concerns we should be aware of? _____

5. Sign and Return by Priority Deadline

Please Initial Each Box and Sign Below

I understand that NWIC Residence Life staff will make every effort to accommodate my preferences but cannot guarantee that they will all be met. I might be placed with a roommate that was not my first or second choice.

I understand that any changes to the information provided in this application must be submitted in writing within two weeks of change (email is acceptable).

I understand that NWIC will bill a \$200 deposit to my student account, refundable upon moving out of the Residence Hall provided no damage to property or violation of property policy has occurred.

I understand that providing false information on this application may be grounds for denial or eviction from the residence hall.

I understand that before moving in I must submit to a background check and upon moving into student housing I will be required to take and pass a drug test.

I understand that I must abide by the Housing Policy including the Zero Tolerance policy and I may be evicted for violation of housing policies. I agree to submit to a breathalyzer test if I give cause for suspicion of violating this policy.

I certify that the information provided above is true and correct to the best of my knowledge

Student Signature _____ Date _____

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Please mail completed application packets to:
NWIC Office of Residence Life
2522 Kwina Rd, Bellingham, WA 98226

For Office Use Only:

Received: _____	Deposit Paid: _____
Award Letter: _____	Approved/Denied: _____
Drug Test Results: _____ P/F	Director's Initials: _____

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RESIDENCE LIFE PROGRAM PARKING PERMIT APPLICATION

All residents who will be keeping a vehicle on college grounds must obtain a parking permit and display it on their vehicle's windshield. Any changes to insurance must be submitted to the Office of Residence Life within 15 days.

Resident Name: _____ Student Number: _____

Driver's License Number: _____ State: _____

Vehicle License Plate Number: _____ State: _____

Type (circle best response): Sedan Motorcycle SUV Truck Other _____

Vehicle Make: _____ Model: _____ Year: _____

Vehicle Description (color, number of doors, special features): _____

I understand that damage caused to my vehicle while on NWIC property is not the fault of NWIC and agree to hold NWIC harmless from any claims of theft, vandalism, or destruction of my vehicle or items left in my vehicle. I agree to take appropriate measures of security with my vehicle including locking doors, arming security systems, and keeping vehicle parked in designated parking zones only. I agree to inform NWIC Residence Life staff immediately upon acquiring a new vehicle and to register for a new parking permit within 15 days. I will not transfer my parking permit to another vehicle. If my insurance lapses or my driver's license is revoked or suspended, I agree to inform the Residence Life staff and forfeit the right to use student parking. My vehicle must not cause disturbance in noise, pollution, or destruction of property.

Signature: _____ Date: _____

Office use only	
Date received: _____	Received by: _____
Insurance Rec'd: _____	Driver's License Rec'd: _____
Parking Permit Number Issued: _____	
Student Received Permit Date: _____	

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2009-2010 RESIDENCE LIFE MEAL PLAN SIGN UP

All residents are required to purchase a minimum meal plan of 60 meals per quarter at a rate of \$390. Meal plans are billed to your student account along with the cost of housing each quarter. Students wishing to purchase additional meals may use this form. Cards are valid for any regular day during the 2009-2010 academic year. Refunds can not be provided for meals not used at the end of the academic year.

Students receive automatically receive 3 punch cards good for 20 meals each. Please indicate below if you would like ADDITIONAL meal cards each quarter

Additional 20 Meal Punch Cards - \$130 each Indicate how many additional cards per quarter you would like. Cards may be used for your own meals as well as meals for guests and friends.

- 1 additional card - for a total of 80 meals per quarter - \$130 additional
- 2 additional cards - for a total of 100 meals per quarter - \$260 additional
- 3 additional cards - for a total of 120 meals per quarter - \$390 additional
- 4 additional cards - for a total of 140 meals per quarter - \$520 additional
- 5 additional cards - for a total of 160 meals per quarter - \$650 additional

Student Name: _____ **Student Number:** _____

Signature: _____ **Date:** _____

The Residence Life Dining Hall is open on all days during the academic quarter when the college is open. On days when the college is closed for weekends, holidays or breaks, there is no dining service.

Days of operation: Monday - Friday
Hours of operation: Lunch 11:00am - 1:30pm
Dinner: 5:30pm - 7:30pm
Quarter start and end dates: Fall: September 21 - December 11
Winter: January 11 - March 26
Spring: April 6 - June 18

For more information on Student Meal Plans, contact the Office of Residence Life at 1-866-676-2772, ext 4207

Office use only	
Date received: _____	Received by: _____
Card issued: _____	
Notes: _____	
-Copy to student housing file -Original to Accounting Department	

Authorization for Release of Information

CONSENT:

I authorize and direct any federal, state, local agency, organization, business, or individual to release to the Lummi Housing Authority and NWIC Student Housing any information or material needed to complete or verify my application for residence in the Lummi housing program or NWIC student housing. I understand and agree that this authorization or the information obtained with its use may be given to and used by the Lummi housing division in administering and enforcing program rules and policies.

INFORMATION COVERED:

I understand that, depending on program policies and requirements, previous or current information regarding my household or me may be needed. Verifications and inquiries that may be requested included but not limited to:

Medical, or child care allowances, public benefits, credit, employment, income or assets, residence and rental activity, criminal history, identity and marital status.

I UNDERSTAND: that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for continued participation in a Lummi Housing program.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release information include, but are not limited to:

- | | | |
|--------------------------------|--------------------------------|-------------------------|
| Medical & treatment providers | Previous & Potential Landlords | LIBC entities |
| Public Assistance Programs | Law enforcement agencies | Courts |
| Past & Present employers | Unemployment agencies | Child support agencies |
| Social Security Administration | Educational Institutions | Veterans Administration |
| Financial Institutions | Credit Bureaus | Utility Companies |

CONDITIONS

I agree that a photocopy of this authorization may be used for the purpose stated above. I understand that this release of information may be used for all documentation necessary for participation in programs administered through Lummi Housing and NWIC. I understand that I have the right to review my file and correct any information that I can show incorrect.

Full Legal Name

Date of Birth

Social Security Number

Other Names Used

Signature

Date

