

RESIDENCE LIFE CENTER

You must first apply for admission to NWIC before your Residence Life Application can be processed.
Admissions Applications packets are available online or in the Office of Admissions: admissions@nwic.edu

Please include all of the following documents with your Residence Life Center Application Packet.

You will **NOT** be able to move in until we have received the following and you have cleared the background check.

- Completed Northwest Indian College Residence Life Center Application Packet.**
- Required Residence Life Application Fee of \$50** (Check or money order payable to Northwest Indian College to NWIC Cashier's Office (360)392-4203)
- Copy of Financial Aid Award Letter** (if eligible) **AND Proof of Ability to Pay** (Statement of Tribal Assistance, General Assistance Letter, etc. showing amount sufficient to cover tuition, fees, and housing charges.
- Current Class Schedule** You are required to be a current full-time (12+credits) student to live in the RLC.

YES/NO Are you interested in being an RA for 2021-2022? We'll have 3 positions available.

All documents should be submitted to housing@nwic.edu or mailed to

Housing
2522 Kwina Road
Bellingham, WA 98226

Once your application has been process and your background check is cleared, you will receive notification and instructions on how to complete the following:

- Drug Screening** (Urinalysis-please note that marijuana is currently prohibited)
- Lummi Indian Health Clinic Application**
- Receive NWIC Student ID Card**
- Schedule Move-In Time and Date**
- Attend Mandatory Orientation**

Residence Life Application Priority Deadlines

Summer Quarter - June 1
Fall Quarter - September 1
Winter Quarter - December 1
Spring Quarter - March 1

Residence Life Center Rates for 2021-2022

One-time Room Key Deposit: \$25
One-time Damage Deposit: \$200
Deposits Refundable minus a minimum \$25 cleaning fee
Quarterly Room Rate: \$900
Required Quarterly Meal Plan: \$750

Applications may be accepted after these deadlines on a space available basis.
Discount rate may be available based on eligibility. Contact the Director of Residence Life for additional info.

RESIDENCE LIFE CENTER

1. Student Information

Full Legal Name _____
Please indicate when you plan to move in: First Summer 2019 Middle Initial Fall 2019 Last Winter 2020 Jr., Etc Spring 2020

Email Address _____

Current Mailing Address _____

Primary Telephone _____ Cell Phone _____

Date of Birth _____ Social Security Number _____

Gender Male Female Date of Birth _____

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", Tribal Affiliation _____ Enrollment # _____

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

Do you have any special dietary needs? _____

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

2. Emergency Contact

In the event that a resident is determined to be a missing student in accordance with the procedures set forth in the RLC Policies, the RLC will contact the person(s) listed below. The RLC reserves the right to contact the parent(s) of the student, regardless of the student's age or whether the parent(s) is listed as an emergency contact.

Contact Name _____	Contact Name _____
Relationship _____	Relationship _____
Phone _____	Phone _____

3. Student Preferences

Check all that apply

I think this would describe my study habits: I need quiet I can study with TV/Music on
I study late into the night I study at the library

I most likely will have a living environment that is: Neat and clean Moderately tidy
A "lived-in" look Beyond recognition

I am a: Morning person Night owl Morning?Night? Can't really say!

This statement best describes me: What's mine is yours. Ask and I will share.
Don't touch my stuff!

I have some special needs that may influence my housing assignment (including accessibility and/or being differently abled). These needs are:

4. Agreement and Signature

Please initial each box and sign below

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

I understand that NWIC will bill a \$200 damage deposit to my student account, up to \$175 of which may be refundable upon move-out.

I understand that providing false information on this application may be grounds for denial or eviction from the NWIC Residence Life Center.

I understand that I must submit to a background check and drug test.

I understand that I must abide by the Residence Life Center Policies including the Zero Tolerance policy and I may be evicted for violation of any policies. I agree to submit to a breathalyzer or urinalysis test at my own cost if I give cause for suspicion of violating the drug or alcohol policy.

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

Student signature _____ Date _____

5. Vehicle Registration

All residents who will be bringing a vehicle must complete this form. Any changes must be submitted to the Residence Life Center within 15 days.

Resident Name: _____ Student Number: _____

Driver's License Number: _____ State: _____

Vehicle Licence Plate Number: _____ State: _____

Vehicle Make: _____ Model: _____ Color: _____

Registered to: _____

Insurance Carrier: _____ Insurance Expiration Date: _____

Please attach a copy of current valid insurance card

Please attach a copy of current valid driver's license

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 within 15 days. 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.

Student signature _____ Date _____

6. Release of Information

I understand that as a condition of my prospective resident at Northwest Indian College that you will be requesting information concerning any previous criminal history from various state and private sources along with other public records available.

I HEREBY AUTHORIZE WITHOUT RESERVATION, ANY LAWFUL ENFORCEMENT AGENCY, ADMINISTRATOR, STATE AGENCY, INSTITUTION, INFORMATION SERVICE BUREAU, EMPLOYER OR INSURANCE COMPANY CONTACTED BY ACCUSEARCH IN AFFILIATION WITH NORTHWEST INDIAN COLLEGE TO FURNISH THE ABOVE-MENTIONED INFORMATION.

I further acknowledge that a telephone facsimile (FAX) or photographic copy shall be as valid as the original. This release includes all state and federal agencies. According to the Fair Credit Reporting Act, I am entitled to know if my application is denied because of information obtained from a consumer reporting agency. If so, I will be advised and be given the name of the agency or the source of information.

Signature: _____ Date: _____

The following must be filled out completely for your application to be considered. (Please print)

Last Name First Name Middle Initial

Current Home Address

City State Zip

Date of Birth Driver's License Number Issuing State

OTHER CITIES AND STATES WHERE YOU LIVED OVER THE PAST SEVEN (7) YEARS

City State From To

City State From To

City State From To

City State From To

AccuSearch, Inc. in cooperation with Northwest Indian College is verifying this information. Any information or questions should be directed to the following address: Northwest Indian College
Residence Life Center
2522 Kwina Rd.
Bellingham, WA 98226
Phone: (360) 392-4242
FAX: (360) 392-4333

Residence Life Center Staff
Official Use Only:

Date Run:

Attached Results Received:

RLC Initials:

