

Bevill State Community College

APPLICATION FOR HOUSING

Student must be 18 or older, and a full-time student to be eligible to live in student housing. Students under the age of 19 must have parents' signature on application. A one hundred-fifty dollars (\$150.00) deposit is required with the application.

Rent payments are due in FULL as specified in lease agreement.

NAME				
Last	First	Middle		
CURRENT ADDRESS				
CITY		STATE	ZIP	····
Phone number	Cell number	Socia	al Security I	Number
CLASSIFICATION: () Fr	eshman () Sophomore	Program of Stud	dy/Major	
Applying for Term	Date of Birth Year N	Month Day Yea	_ ()Male r	() Female
Will this be your first term	to be enrolled at BSCC?	()YES ()N	0	
Which campus do you plai	n to attend?			
Hamilton				
In case of emergency no	tify: Please print			
Name	Relation	Phone #		-
Address	City	State		Zip
The Higher Education Opperson or persons whon by the institutional police missing. This contact in	n the institution will not e or security departmen	ify within 24 ho nt or the local la	urs if the st w enforcem	udent is dete ent agency to
Name	Phone	Rela	ation	
Address	City	Sta	te	Zip

It is the policy of the Alabama Community College System, its Board of Trustees and Bevill State Community College, an institution under its control, that no person shall, on the grounds of race, color, disability, sex, religion, creed, national origin, or age, be excluded from participation in, be denied the benefit of, or be subjected to discrimination under any program, activity, or employment. Inquiries concerning Title IX should contact Dr. Kim Ennis at kennis@bscc.edu or Mary Kinard at mkinard@bscc.edu (1411 Indiana Avenue, Jasper, AL 35501 • 205-387- 0511). Anyone who has a disability that might require special materials, services, or assistance, should contact Sherry Terry (Fayette Campus), Beth Roberts (Hamilton Campus), Tiqua Gator (Jasper Campus), or Jana Kennedy (Sumiton Campus), at least 48 hours in advance. For TDD users in Alabama, the Alabama Relay Center is available by calling (800) 548-2546. All materials related to compliance with the Americans with Disabilities Act and Section 504 are maintained by the College coordinator, Dr. Kim Ennis.

I understand and agree that

I will observe at all times College regulations on conduct and policies under which housing facilities operate during the period of residence.

I will pay all housing fees in advance of the beginning of each term. I further agree that if payment is made after registration, I will be required to pay twenty-five dollars (\$25.00) late fee.

Upon approval of this application, and before moving into Student Housing, I agree to pay a one hundred-fifty dollar (\$150.00) deposit. One hundred fifteen dollars (\$115.00) of this deposit is refunded, provided there is no damage and the room is clean. Thirty-five dollars (\$35.00) is retained for cleaning and pest control.

The college may retain any portion of the returnable deposit (\$115.00) to cover outstanding balances due. If outstanding balances exceed one hundred-fifteen dollar (\$115.00), a student may not register for the subsequent term and/or transcripts will not be released until balances are paid in full.

The college's acceptance of my housing application and one hundred-fifty dollar (\$150.00) deposit does not guarantee an assignment and an assignment does not guarantee admission to the college. If an assignment to college housing is not made, the entire deposit will be refunded.

I will be responsible for notifying the Student Services Office **and** the Business Office of any change of address or information that could affect this application.

I will accept room assignment or re-assignment as may be made by the Resident Manager or College Official.

I will NOT be eligible for co	ontinued occupancy if I	fall below full-time status	5.		
Linens, kitchen supplies, a	and other personal items	s are not supplied by the	e college.		
Signature of Student		Date	Date		
If you are under nineteen	(19) years of age, comp	lete the following:			
Name and Address of Par	ent or Guardian				
Last	First		Middle		
Street or P.O. Box	City	State	Zip		
Signature of Parent or Gu	ardian	Area Code -	Phone Number		