



ST. CLAIR
COUNTY
COMMUNITY
COLLEGE

Student Housing Application

Complete this application and return to:

By fax: (810) 989-5544

By email: nmshrapnell@sc4.edu

By mail: Housing Application
St. Clair County Community College
P.O. Box 5015
Port Huron, MI 48061-5015

Last name First name Middle initial

Permanent address City State ZIP

() _____ () _____ @ _____
Home phone Preferred phone Email address

Gender Date of birth Major

If you have any medical, physical or health needs you wish for the college to accommodate when assigning your housing, then please explain the accommodation you seek and why you need such accommodation. (Submitting a request will not adversely impact your housing application and does not guarantee that the college will be able to provide the accommodation.)

Contact person in event of emergency

Name () _____
Phone number

Suitemate request

Suitemate name () _____
Phone number

We will attempt to honor suitemate requests when both students have indicated one another as suitemates on the Housing Application and both have submitted an application during the same time frame.

Lifestyle Survey:

Are you a smoker?

(Please note, SC4 is a non-smoking campus and smoke/tobacco products are not permitted in student housing)

Yes No

During the week, what time do you usually wake up in the morning?

by 7 a.m. by 8:30 a.m. by 10 a.m. after 10 a.m.

During the week, what time do you usually go to sleep at night?

by 11 p.m. by midnight by 1 a.m. after 1 a.m.

How neat and clean do you like to keep your surroundings?

very neat moderately neat not important

On average, how many hours a week do you think you will study?

0 to 5 hours 6 to 9 hours 10 to 15 hours

I understand that I am not guaranteed to receive a housing assignment. The \$300 deposit will be required two weeks after you receive your housing assignment letter, if not received, the suite will be awarded to the next student on the list.

I give SC4 permission to release my contact information to my suitemate.

I do not give SC4 permission to release my contact information to my suitemate.

Signature

Date



Authorization for Background Information Check

I certify the information given by me to St. Clair County Community College in the application process to be approved for student housing is true and complete to the best of my knowledge and belief. I understand that any falsification or misrepresentation of material facts will be grounds for rejection of my application for student housing. I authorize St. Clair County Community College to verify with all third parties all of the information supplied by me and authorize such third parties to release the information requested. I hereby consent to the release of such information and release all third parties from any liability, which may rise or exist as a result of providing the information requested.

I agree I will comply with the policies, procedures, rules and regulations of St. Clair County Community College including, but not limited to, all rules and regulations applicable to student housing. I acknowledge, agree to and authorize St. Clair County Community College to conduct criminal background checks, education and degree verification, and to investigate all references and secure additional information regarding myself that St. Clair County Community College deems necessary to evaluate my application for student housing.

I understand that St. Clair County Community College may, in its sole discretion, deny my request for student housing based on the results of a criminal background check. I further understand that St. Clair County Community College will not approve any applicant for student housing who has a conviction resulting from a felony charge, criminal sexual conduct charge or who has a similar pending charge.

Applicant's name (please print)

First Middle Last

Applicant's former/maiden name (if applicable): _____

Date of birth ____/____/____

Applicant's signature

Date

Witness signature

Date

IMPORTANT

If mailing, applicants are required to provide a witness signature (friend, family member, etc..) and mail the form to:

**Housing Application
St. Clair County Community College
P.O. Box 5015
Port Huron, MI 48061-5015**

If signing in person, please visit the Office of Student Services and Admissions during normal office hours listed below. SC4 staff can serve as a witness signature.

**Office of Student Services and Admissions
Dr. James C. Acheson Welcome Center, Room 250
Monday through Friday – 8 a.m. to 4:30 p.m.**

Note: SC4 will not be open the following Fridays: June 1, 8, 15, 22, or 29