
ROOMING STATEMENT

The information provided below will assist the housing staff in making your room assignment.

Name of Student _____ Date _____

Student's Permanent Home Address _____ Home Telephone _____

Cell Number _____ Email Address _____

Date of Birth _____ Sex _____ Class Level (FR/SOPH/Other _____

Parent/Legal Guardian's name _____ Home Address _____ Home Telephone _____

Name and Address of Person to Notify in Case of Emergency _____

Year for which the room is being reserved: Academic Year 20__/20__

Varsity sports you will be involved in at WVC: _____

Student activities you would like to be involved in (i.e., intramurals, outdoor recreation, student government, choir, etc.) _____

Hobbies or activities you enjoy doing: _____

Will you bring your car with you to WVC? _____ Make: _____, Color, _____,

License Number _____, Insurance Number, _____ Name and

address of the registered owner _____

Special health problems or physical impairments that the college should be aware of:

Name of Family Physician _____

Physician's Phone Number _____

Are you covered by group or individual health and/or accident insurance? Y N

If yes, please provide the following information:

Insurance Co. _____

Policy Number _____

Subscriber's Name _____

Major field of study at WVC (MLT, Nursing, Radiologic Tech, AA Degree, etc.):

Please indicate the name of any friend with whom you wish to room:

If you are a returning sophomore with a room preference, indicate the room number: _____

Activities you would like the residence life staff to provide:

Rooms and roommate assignments are made by the Office of Residence Life one week prior to the opening of the residence hall. Roommate names, room numbers and keycards will be administered the opening day of check-in, *after the deposit and first payment have been recieved.*

Assignments are made in the following manner:

1. Applications received and approved before July 1 will have priority over those received after July 1.
2. If possible, roommate preferences will be honored.
3. Returning students will be given preference on room assignments and roommates.

It is the policy of WVC to make room assignments without regard to race, color, creed, sexual orientation or national origin. Any request to the contrary will not be honored.

WVC RESIDENCE HALL CONTRACT TERMS AND CONDITIONS

This agreement shall be for one academic year (fall, winter, spring). Students arriving in the winter or spring quarters will be assigned rooms based on availability and will sign a lease agreement for the remainder of the academic year. The undersigned certify that the WVC residence hall handbook and this contract has been read and understood and is a part of this agreement. The parent or legal guardian who executes this contract does hereby assume all financial obligations of said student and guarantees full payment thereof according to the terms and conditions of such contract. The undersigned agree to pay the following quarterly fees two weeks prior to the first official day of the quarter;

- Housing fee of **\$1280.00**
- Technology fee of **\$55.00**
- Flex-pass meal card fee (minimum of \$250)

NOTE: If you are you receiving financial aid that will cover your tuition, fees and housing costs for the quarter, you do not need to pay your housing fee. Financial aid will automatically pay your housing charges 3 days before the start of the quarter. Any dollar amount remaining after applying financial aid to housing charges for that quarter will have to be paid prior to the next quarter's registration.

In the case of "default in payment" as aforementioned, the undersigned agree to pay reasonable costs of collection for collection fees, state's attorney fees, as well as all court costs, if necessary. The undersigned understand that the collection fee is levied by the collection service used by the College.

If the undersigned fails to fulfill the conditions of the payment as stated above, it is understood that he/she faces eviction from the WVC residence hall until the account is made current. In addition, all debts or accounts with the College (financial aid, repayments, emergency loans, tickets, fines, and residence hall charges) must be paid before the end of each quarter. If not, your records are held. You will not be allowed to receive your grades or transcripts and you will not be able to register for the next quarter. The student's re-registration privileges are null and void, and all of his/her grades and transcripts will be held until college debts are cleared.

Fee and Deposits (Financial aid does not pay required deposits).

A \$250 check or money order made payable to WVC must accompany the signed application to the WVC residence hall and will apply as follows:

1. \$50 will be a non-refundable application fee to the WVC residence hall.
2. \$200 will be held as a deposit to be used for assessed damages of the room and general residence area and will be refundable as set forth below. The deposit will not apply as partial room or board payment for any quarter.
3. Students must cancel their reservations in writing (e-mail is acceptable) to the Office of Residence Life before August 15 or they forfeit the \$200 deposit.
4. Students wishing to move out of the residence hall before their annual contract has expired (regardless of graduation status) will forfeit their deposit and all housing fees paid for the current quarter.
5. The \$200 deposit will be refunded in full if:
 - a. The College does not have accommodations available, or
 - b. The College denies admission to the applicant.

If financial aid paid your housing fees, then all or part of the refund will go back to financial aid.

PAYMENT ARRANGEMENTS

The WVC residence hall will be open for occupancy the week prior to the first day of classes. Residence hall fees must be received before entrance into the residence hall.

TERMINATION OF CONTRACT

The Office of Residence Life reserves the right to terminate any contract of occupancy, WITH LIMITED NOTICE (24 hours) for the following reasons:

1. If the resident fails to conduct himself or herself according to residence hall rules and policies.
2. In the event of excessive destruction or damage to any residence hall property or property of other residents.
3. In the event of any action on the part of a resident which jeopardizes the health and/or safety of other persons.
4. Any action which unduly interferes with the use of said residence hall facility by other students or other authorized persons.
5. Termination from the college for academic or disciplinary reasons.

NOTE: The entire deposit and residence hall fees are non-refundable if the contract is terminated for any of the reasons above.

Receipt of this contract is hereby acknowledged. I certify that the above information I have provided is accurate and that I have read and understand the rooming statement.

AUTHORIZATION TO APPLY FINANCIAL AID/SCHOLARSHIPS TO RESIDENCE HALL/COLLEGE DEBT

The undersigned authorizes the Wenatchee Valley College Business office and the Financial Aid Office to apply all, or a portion of, the proceeds from my financial aid to any outstanding balance of monies owed to WVC. The authorization specifically means that the College can apply WVC and non WVC scholarship funds to balances owed on the WVC residence hall. I understand that if the amount exceeds the amount owing, the college will forward the balance to me to the address on file with the Registration office.

Name of Student

Signature of Student

Date

Name of Parent/Legal Guardian

Signature of Parent/Legal Guardian

Date

CONTRACTUAL AGREEMENT ON BEHALF OF A MINOR

On behalf of, _____, WVC ID# 905 _____,

I recognize and accept legal and financial responsibility for his/her acceptance of the **WVC RESIDENCE HALL CONTRACT TERMS AND CONDITIONS**. I verify all of the information provided by the applicant is true and accurate. In the event this application is accepted by WVC, I agree to pay the Housing Fee, the Technology Fee, and the Flex-pass meal card fee in the event that the student is unable.

Signature: _____ Date _____
(Parent or guardian signature if student is under 18)

Relationship to minor: _____

Print Name: _____

Address: _____

Primary Phone: _____ Secondary Phone: _____

IMMUNIZATION AND HEALTH REQUIREMENTS

WVC requires certain immunizations prior to admission to help protect your health and the health of all our students. Please read and complete the following information.

REQUIRED IMMUNIZATIONS

1. MMR (Mumps, Measles, Rubella) Only for students born after 12/31/56. Requires two immunizations.
2. DT (Diphtheria, Tetanus) Requires last booster dose within the past ten years.

You have a right to refuse the required immunizations based on religious, personal, or medical reasons. If you are claiming an exemption to the required immunizations, please check the appropriate box below.

RECOMMENDED IMMUNIZATIONS

1. Hepatitis B - Recommend series of three immunizations
2. Polio - Recommend series of at least three immunizations
3. Tuberculosis has been of increasing concern in the United States. We recommend that you see your health care provider for symptoms of persistent cough or fever prior to coming to WVC. You may need a skin test and/or a chest x-ray.

Meningococcal Meningitis Vaccine

Meningococcal meningitis is the leading cause of life-threatening meningitis in young adults in the U.S. It strikes about 3,000 people each year with 300 deaths. College students account for about 125 cases and 15 deaths. The infection is spread by air droplets like the flu and has flu-like symptoms initially. Symptoms can progress rapidly and lead to shock or death in hours. The risk for young adults ages 18-23 is 1.5 in 100,000. College students are not at higher risk than non-students, except for freshmen, particularly those living in residence halls (4.6 in 100,000). Meningococcal disease usually peaks in late winter and early spring. The disease can easily be misdiagnosed as something less serious, because symptoms are similar to the flu. The most common symptoms include high fever, headaches, neck stiffness, confusion, nausea, vomiting, lethargy and/or rashes. Anyone with similar symptoms should contact a physician immediately.

The vaccine is safe and available through your own doctor. Side effects are uncommon and usually mild. The vaccine will cause immunity in about 90% of individuals but is ineffective against one serotype of meningococcus which causes about 30% of the cases. The vaccination lasts three to five years and costs approximately \$65.

General immunization has not been recommended since the incidence of meningococcal disease is low. However, the American College Health Association recommends that parents and students, especially freshmen and dormitory residents who want to reduce their risk of disease, consider the benefit of vaccination. Students without a spleen or who are immunodeficient should consider vaccination.

If you have any questions, feel free to contact your local health department or the Chelan County Health Department.

WVC Immunization Form

Please complete and return this form with your signed contract.

Name _____
Last First M.I.

Student Identification Number _____ Date of Birth _____

Dates of Immunizations:

MMR #1 #2 DT Hepatitis B #1 #2 #3

I wish to be exempted from immunizations for the following reason:

____ Religious basis ____ Personal/Philosophical basis ____ Medical basis

Signature of Agreement

I hereby acknowledge that the above is complete and accurate and that WVC maintains the right to require documentation of these immunizations if requested.

Signature of Student (Parent / Guardian if minor) Date