

GRAYSON COUNTY COLLEGE
APPLICATION FOR HOUSING & FOOD SERVICE

PLEASE PRINT RESPONSES. Completed application will be handled in the order received and subject to space availability.

Social Security # _____ Date of Birth _____ Male _____ Female _____

Last Name _____ First Name _____ Middle Name _____ Home Phone _____

Home Address _____ City _____ State _____ Zip _____

EMAIL ADDRESS _____ CELL PHONE # _____

HAVE YOU EVERY BEEN CONVICTED OF A FELONY? _____ NO _____ YES (IF YES PLEASE DESCRIBE BELOW)

FULL NAME AND COMPLETE ADDRESS OF PERSON TO CONTACT IN AN EMERGENCY

(Home Phone) _____ (Work Phone) _____

RELATIONSHIP AND PHONE NUMBER OF PERSON TO CONTACT IN AN EMERGENCY

MAKE OF CAR _____ YEAR _____ MODEL _____ COLOR _____ LICENSE PLATE# _____ STATE _____

Reservation For: Fall 20 _____ Spring 20 _____

Roommate Preference: _____

Hobbies/Interestes _____

Educational Objective _____ Certificate _____ 2 Year Degree _____ 4 Year Degree Major: _____

**FOR ROOM RESERVATIONS MAIL COMPLETED APPLICATION AND DEPOSIT TO:
GRAYSON COUNTY COLLEGE- HOUSING OFFICE – 6101 GRAYSON DR. - DENISON, TX 75020**

CONDITIONS AND STIPULATIONS:

1. **Completed** Application and deposit must be submitted to GCC Housing Office.
2. Residents must be 18 years of age.
3. The application and deposit/fees will not be accepted unless the **Physician's Report** has been completed
4. Residents will not be permitted to move into the residence unit either the total room/board cost or the payment due at check in has been paid.
5. The cost of a mandatory meal plan is included in the room/board rate.
6. Residents will be expected to comply with and abide by the terms and conditions of the following:
 - a. GCC Housing Office and Board Contract
 - b. Residence Hall Rules and Regulations
 - c. Appliance Contract
7. Residents must enroll in a minimum of 12 semester hours during each fall/spring semester and 6 semester hours during each summer term. Exceptions will be made for bonafide program majors who only lack clinical or practicum to complete degree requirements.

I hereby apply for college housing at Grayson County College. Enclosed is my check or money order for my room deposit. I understand that part (the cleaning fee) of my room deposit will not be refundable once I move into the Residence Hall.

Signature of Prospective Residence Hall Resident _____

Date _____

PHYSICIAN'S REPORT

I certify that _____, at the date of this exam no contagious diseases and is in good physical condition.

If applicant is taking medications routinely, list medications: _____

Reason for taking medication _____

Physician's Signature _____

Date _____

City/State _____

DEPOSIT AMOUNT

DATE RECEIVED

RESIDENCE HALL OFFICE