

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: \_\_\_\_\_

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**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. The application and deposit will not be accepted unless the **Physician's Report** has been completed
3. 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.
4. The cost of a mandatory meal plan is included in the room/board rate.
5. 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
6. 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**

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**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**