

**OGLE HALL RESIDENCE APPLICATION**

**(September 2010 - April 2011)**

**1. Name** \_\_\_\_\_  
(First) (Surname) (Middle)  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_  
 Phone Number \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender M \_\_\_\_\_ F \_\_\_\_\_  
 Email address: \_\_\_\_\_  
 U of S Student identification number \_\_\_\_\_ Hospitalization Number \_\_\_\_\_  
 Name and Place of home Parish \_\_\_\_\_  
 I resided at \_\_\_\_\_ last year.  
(Name) (Address) (Phone)  
 College in which you will be registered in the coming year \_\_\_\_\_  
 Major \_\_\_\_\_ Year of University \_\_\_\_\_  
 Please list any U. of S. scholarships that you have been awarded: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**2. Parent, Guardian, or next of Kin.**  
 Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_

**3. Please list three references.**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
(Name) (Address) (Phone)

**4. I wish to apply for the following accommodations (list preference in numerical order) and parking arrangement.**  
 \_\_\_\_\_ Single room (shared bath) - \$TBD for 8 month term (3 meals a day included)  
 \_\_\_\_\_ Single room (own bath) - \$TBD for 8 month term (3 meals a day included)  
 \_\_\_\_\_ 3 bedroom suite - \$TBD per bedroom for 8 month term (3 meals a day included)  
(Shared bathroom for these 3 rooms only)  
 \_\_\_\_\_ Residence Parking (\$TBD Sept. - April) \_\_\_\_\_ U. of S. Parking  
(Electrified -- limited number of spots - allotted by seniority) (non-electrified -- by request ONLY)

I have enclosed my non-refundable \$20.00 application fee.  
 Name \_\_\_\_\_ Date \_\_\_\_\_  
 Date received by College \_\_\_\_\_ By \_\_\_\_\_

**PLEASE NOTE:** Applications will be processed by March 15th.  
 For further information contact St. Thomas More College at 1-800-667-2019 or (306) 966-8900.