BLUE QUILLS FIRST NATIONS COLLEGE

APPLICATION FOR FULL-TIME
POST-SECONDARY PROGRAMS
STUDENT HOUSING

SPECIFY THE ROOM/PLAN YOU ARE APPLYING FOR:

Student: single room $300/month without meal card ☐ Student: single room $450/month with a $150 meal card ☐

Diner on-site: Meal cards can be purchased at finance office or topped up.

Name_____ **Sex**_____ **Date of Birth (d/m/y)**_____/_____/_____
First **Middle** **Last**

Address_____ **City** _____ **Prov.** _____ **Postal Code** _____-_____

Telephone _____ **Cell** _____ **E-mail** _____

Marital Status: ☐ Married ☐ Single ☐ Divorced ☐ Common-law ☐ Other _____

Name of Spouse_____ **Spouse Phone #** _____

Contact Person in Case of Emergency: _____ **Contact Phone #:** _____

Status: ☐ **Treaty** ☐ **Non-Status** ☐ **Metis** ☐ **Other** **Band Name** _____ **Treaty #** _____

Medical Issues _____

Program Attending: _____ **My Housing Will Be Paid By:** **Myself** ☐ **Sponsor** ☐

Damage Deposit Fee/Rent Fee: (Damage Deposit and Rent is required in FULL before moving in, no exceptions.)

Damage $150.00 Date Paid_____ Rent: $300.00/mth Date Paid_____ Rent $450.00/mth with meal card Date Paid_____

Expected Occupancy Date _____ **Departure Date** _____

Cash: ☐ **Certified Cheque:** ☐ **Money Order:** ☐ **Credit Card:** ☐ **Debit:** ☐

NOTE: Damage Deposit is required 2 weeks prior to check-in and a 2 week notice is required when moving. The damage deposit will be kept if any damages to the room/property or if any items from room are missing.

RENT IS DUE ON THE 1ST OF EVERY MONTH IN FULL, NO EXCEPTIONS!

Absolutely no pets allowed inside dorm area or in rooms.

(For Office Use Only)

BQ ID #: _____

Receipt #: _____

Cheque #: _____

Visa ☐ **MC** ☐

Credit Card# _____

Expiry Date _____

NOTE:

Certified Cheque or Money Order should be made payable to:

"Blue Quills First Nations College."

I authorize investigation of all statements contained herein. I understand that any misrepresentation or omission is cause for refusal of admission or eviction. ***NOTE: APPLICATIONS CANNOT BE PROCESSED UNTIL Damage Deposit FEE IS RECEIVED IN FULL.***

DID YOU ANSWER ALL THE QUESTIONS TO THE BEST OF YOUR KNOWLEDGE BEFORE SIGNING THIS APPLICATION FORM?

Signature:_____ **Date**:_____

Box 279, St. Paul, AB T0A 3A0
Phone (780) 645-4455 * Toll Free 1-888- 645-4455
Main Fax: (780) 645-5215
E-mail: sheilap@bluequills.ca **Visit us at: www.bluequills.ca**