



OLDS COLLEGE

Olds College Housing Office
4500-50th Street
Olds, Alberta, Canada T4H 1R6
Phone: (403) 556-8375
Fax (403) 556- 4716

Room and Board Application

Frank Grisdale Hall For Bronco Athletes
Fall 2012/Winter 2013

Only Students Registered in a Program of Study
Offered by Olds College Will Be Given a Room Assignment



—Time sensitive Application— This Application form is for Bronco athletes/prospects and is only valid if completed and submitted before JUNE 15, 2012. For a FGH housing application after this date please refer to <http://www.oldscollege.ca/studentresidence/forms-fees-contract.htm> .

The personal information that you provide on this application is being collected under the Freedom of Information and Protection of Privacy legislation of the Province of Alberta for the purpose of: Residence Administration and other activities necessary to conduct the business of Olds College Residence.

Bronco Athlete Draw - WIN AN UPGRADE TO A TOWNHOUSE - Apply to Frank Grisdale Hall as a Bronco prospect and you may be eligible for an opportunity to upgrade into a townhouse.

Offer valid for applications received before JUNE 15, 2012.

YES I WOULD BE INTERESTED IN A TOWNHOUSE.
SIGN HERE TO AGREE TO BE ENTERED FOR A TOWNHOUSE ALLOTMENT

BRONCO student signature:

Personal Data

Completion of all information is required as part of your application.

The information is used to provide a compatible assignment and is confidential.
Any misrepresentation on this application form will deem this application void.
Please print carefully.

First Name:

Middle Name:

Last Name:

Male Female

Olds College ID #(if known)

Address:

City:

Province:

Postal Code:

Country:

Email will be your first form of contact from the OC Housing Office. Please provide an email address that you check regularly:

Phone:

Cell:

Date of Birth: month day year

Office Use Only

Funds Received
\$50 \$200 + GST
Receipt #

Date Application Entered

Date First Mail Out

Date Second Mail Out

Cancelled Date:

Admin Fee

DOUBLE

SINGLE

Program Information

Program of Study

Program Major

Program Start Date

Program End Date

Commencing First Second Third Fourth year of my program

Commencing First Second Third Fourth year of my apprenticeship training

I am staying in Residence for the Broncos Training Camp (August 27-August 31, 2012) YES NO

One Week Meal Plan cost will be incurred during Broncos training camp; Sunday dinner to Saturday Dinner.
See the Olds College Website for meal plan details. Move in- Sunday August 26



Food Plan - food plans are mandatory for students living in Frank Grisdale Hall.

Please see the O C Housing Fee Schedule for Room & Board costs. You must select one of the following plans:

Plan 1

Continuous dining Sunday Dinner to Friday lunch.

See OC website for more information.

Plan 2

Continuous weekly dining. See website for more information.

Specific Roommate Preference - Please list below your mutually requested roommate. Requested roommate's application form must indicate your name and ID number.

1. Name:

Student ID#

Accommodation Preference – Preference for single rooms is given to second year students, or students with environmental sensitivities or disabilities with supporting documentation.

Single room allocations for all other applicants will be on a first-come first-served availability basis.

Please note the majority of applicants will be assigned traditional double rooms.

I would like to be considered for a Single Room if available.

Cable Request – cable is available in limited rooms and areas (not available in female and quiet areas). If you want a cable room, please indicate below and attach the \$52.50 hook up fee with your application.

Yes, I want a cable room

\$52.50 assignment fee (non refundable, GST included)

* Please see the OC Housing Fee Schedule for weekly cable costs.

Social Activity (Environment Preference)

How active an area do you wish to live in?

Average Low Very Low (24 hour quiet)

What area would you prefer?

Coed Wing Female Wing

Personal Information – Please complete this section so we may appropriately assign you within our housing facility.

Do you have environmental sensitivities or disabilities?

Yes No

If yes, you must provide details and a doctor's note.

Do you **smoke**? (FGH is a smoke free building, which includes individual rooms)

Yes No

How much alcohol do you drink? No alcohol at all 1 - 2 drinks/wk 1– 2/day 3 or more/day
Please be honest with your answers

Do you want to room with a non Drinker? Yes No

Are you - and do you want your roommate to be? Socially inclined Academically inclined Both

Tidiness: Are you a person who keeps their room: Extremely neat Average Untidy

Sleep Habits: Are you a: Morning Person Night Owl About Average

Cancellation Policy -

Notification up to 30 days prior to start of program: \$150 of \$200 Performance deposit will be refunded.

Notification of less than 30 days prior to the start of program: \$50 of \$200 Performance deposit will be refunded. No cancellation notification or notification on move-in day or later: no refund.

DECLARATION - I certify that the information given above is correct and complete. I understand that falsifying documents or information on this application could result in eviction from Olds College Housing. If accepted, I agree to fully comply with the policies, rules and regulations outlined in the contract and detailed in the current OC Housing Handbook. I agree to abide by the Code of Conduct of Olds College. I agree to the release of my name, room number, photo identification, program/course of study, and food plan with College Campus Security and Food Services.

Signed

Date

Please note, this application will not be accepted without payment of the \$200.00 Performance deposit, plus a \$52.50 cable assignment fee (if applicable).

**Please make check, bank draft, or money order payable to Olds College.
Students are assigned on first come, first serve basis according to availability.**

I am paying the \$200.00 Performance Deposit by the following method (check one):

Cash

Check

Money Order

Visa

MasterCard

Debit

Card Number:

Expiry Date

Cardholder Signature

Cardholder Name

Cardholder Home Phone #

Cardholder Work Phone #