



Edward Waters College Residence Life Application
1658 Kings Road
Jacksonville, Florida 32209

Please forward all Residence Life correspondences to:
 Edward Waters College
 Department of Residence Life
 1658 Kings Road Jacksonville, FL 32209
 Ph. 904-470-8212 Fax. 904-470-8084
 residencelife@ewc.edu

Name: _____ Gender: Male Female
 Street Address: _____
 City: _____ State: _____ Zip Code: _____
 Home Phone: _____ Cell Phone: _____
 Email: _____ Date of Birth: _____

Check One First Time College Student Transfer from another College Returning Student Readmit Student

Enrollment Data

Academic Year: 20____ **Term:** Fall Spring Summer

Classification: Freshman Sophomore Junior Senior

EMERGENCY CONTACT INFORMATION/PERSONAL DATA

Name: _____ Relationship: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Phone Number Home :() _____ Cell: () _____ Work :() _____

Roommate Information:

Students who wish to room together are encouraged to submit their Residence Life application together and request each other as roommates. Room Assignments are made on first come first serve basis.

Mail your Residence Life application to **Edward Waters College, Department of Residence Life, 1658 Kings Road, Jacksonville, FL 32209**. Include your payment. All fees must be paid by money order or cashier's check. You may also submit your application by **email** at: **residencelife@ewc.edu**. Please call 904-470-8199 to make a payment using a debit/credit card.

Please remember your \$100.00 fee is Non-refundable

Preferred Roommate:

Name: _____ Phone Number: _____

The Department of Residence Life will attempt to honor your roommate request however; requests are not guaranteed.

- Yes, I would like to release my name and contact information to my roommate.
- I give my permission for the Residence Life staff to contact my emergency contact person concerning me in case of an emergency.

For office use only

Date Received _____ *Payment Amount* _____ *Assignment* _____ *Date* _____