

For office use only

Date Rec'd _____

Housing _____

Meals _____

Assignment _____

West Chester University 2018 SUMMER BRIDGE HOUSING APPLICATION

NAME *Last* *First* *Middle Initial* Gender Female Male

WCU ID EMAIL ADDRESS

Address *Street* *City/Town* *State* *Zip Code*

Home Phone Cell Phone

Please check the statement that applies to you regarding Meningitis (required information):

I have received the meningitis vaccine.

I have read and understand the information about meningitis available at

[http://www.wcupa.edu/ services/stu.inf/Documents/Meningitisoncampus.pdf](http://www.wcupa.edu/services/stu.inf/Documents/Meningitisoncampus.pdf), and I decline the meningitis vaccine at this time. I have signed and included the waiver form.

Although our facilities are non-smoking, we still would like to know your smoking preference:

I am a smoker.

I am a non-smoker and need/prefer to live with a non-smoker.

I am a non-smoker but would be willing to live with a smoker.

Please select room/meal plan option:

North Campus Air Conditioned Double Bedroom with 14 meals (\$600 for five week session)

Housing \$50 per week x 5 weeks = \$250

14 meals per week \$70 per week x 5 weeks = \$350

North Campus Air Conditioned Double Bedroom with 19 meals (\$650 for five week session)

Housing \$50 per week x 5 weeks = \$250

19 meals per week \$80 per week x 5 weeks = \$400

Do you have a roommate preference: Yes No

Name of roommate WCU ID of roommate

(We will attempt to honor your roommate request, but due to applications being submitted at different times we cannot always accommodate roommate requests.)

Some accommodations are available for students with special needs. Please contact us at (610) 436-3307 for information.