



Housing Application

Term: Fall ___ 20___ Spring ___ 20___

Name: _____
Last First M I

Home Address _____
Street or P O Box City State Zip

Date of Birth _____ Age _____ Social Security # _____

Student Cell # _____ Classification: Freshman Sophomore

Parents' Name _____ Parents' Phone _____

Parents' Address (if different from above) _____

Wharton County Junior College seeks to provide equal education opportunities without regard to race, color, religion, national origin, sex, age, handicap, or veteran status.

Sex: Male Female

Dorm Preference: Frankie Hall (male dorm) Mullins Hall (On campus female dorm)
Brooking Hall (Off campus female dorm)

Roommate Preference (if known) _____

College Major: _____ Hobbies: _____

WCJC Scholarship (if applicable): Art Band Baseball Choir Drama Rodeo Volleyball

To be valid, this application must be accompanied by a \$200 deposit and the release of background information form along with the \$15 fee. To cancel the residence hall reservation and contract, the student must submit a request in writing to the Student Housing Department 15 calendar days before the first day of class. Failure to cancel a reservation as outlined above will result in the forfeiture of the entire room deposit.

Bacterial Meningitis Vaccination Requirement

In compliance with HB 4189, a first time student attending an institution of higher education, including a transfer student, who has been approved to reside in an on-campus student housing facility, must provide written documentation of having received the bacterial meningitis vaccination. Evidence of the student having received the vaccination from an appropriate health practitioner must be received by the Office of Student Services – Housing. The student must have received the vaccination at least 10 days prior to the student taking up residence in on-campus housing. A student, or a parent or guardian of a student, is not required to submit evidence of receiving the vaccination against bacterial meningitis under the following circumstances, the student, or a parent or guardian of a student submits one of the following to the institution: 1) an affidavit or a certificate signed by a physician who is duly registered and licensed to practice medicine in the United States, in which it is stated that, in the physician's opinion, the vaccination required would be injurious to the health and well-being of the student; or 2) an affidavit signed by the student stating that the student declines the vaccination for bacterial meningitis for reasons of conscience, including, including a religious belief. A conscientious exemption form from the Texas Department of State Health Services must be used. <https://webds.dshs.state.tx.us/immco/affidavit.shtm>

Applicant's Signature _____ Date _____

Parent/Guardian Signature _____ Date _____
(if applicant is under 18 years of age)

Return to Student Housing Department
Wharton County Junior College
911 Boling Highway
Wharton, TX 77488
(979) 532-4560 or (800) 561-9252