**Fall 2024 Dorm Room Application**

**Return by one of the following:**

Email to: elizabeth.k.zaluska@osfhealthcare.org

Fax to: 309-624-8973

Mail to: Saint Francis Medical Center College of Nursing

511 NE. Greenleaf St, Peoria, IL. 61603

**Student information: (Please Print)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| Last Name |  | First Name |  | Middle Initial |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Phone Number |  | Email |

|  |
| --- |
|  |
| Current Street Address |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| City |  | State |  | Zip Code |

|  |
| --- |
|  |
| Permanent Street Address (leave blank if same as current address) |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| City |  | State |  | Zip Code |

|  |  |  |
| --- | --- | --- |
| Gender: | Male | Female |

**Comments or Special Circumstances:**

List any comments or special circumstances that should be taken into consideration when reviewing your application for a dorm room:

|  |
| --- |
|  |

**Student Certification:**

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Student Signature |  | Date |