

Wesley House
United Methodist Campus Ministry at Kansas State University
Application for Residency

Residency Dates Applying for: _____ Today's Date: ___ / ___ / ___

Academic Year: _____ Fall & Spring Semesters Fall Semester only Spring Semester only

Applicant Name: _____
Last First Middle

Educational Status: (FR, SO, JR, SR, etc.) _____ Date of Birth: _____ Gender: _____

Applicant's Mailing Address: Street _____
City _____ State _____ Zip _____
Home Phone: () _____ Cell Phone: () _____
Email: _____

Name of Parent(s) or Guardian(s): _____

Street _____
Address and Phone: (if different from above)
City _____ State _____ Zip _____
Phone () _____ Email _____

Emergency Contact: Name _____ Relation: _____
Phone (home): () _____ (work): () _____

Church Relationship (United Methodist, Catholic, etc.): _____

Name of Home Church: _____
Street _____
City _____ State _____ Zip _____
Church Phone: () _____ Pastor: _____

Do you plan on having a car? Y N License Plat, make, model, color: _____

Will you be having a University meal plan? Y N

Is there a person (or people) with whom you would like to share a room?

Name(s): _____

By signing below I hereby affirm that the information I have provided is accurate. This is only an application and does not guarantee or reserve a space. I understand that providing false information will result in the cancellation of my application.

Applicant Signature: _____

How did you hear about us? _____

Application for Residency - Part II

Please answer the following questions completely and honestly. Your responses will be kept confidential. We are not looking for a right or wrong answer – we are seeking to know and understand you, your true desire to live with us.

Please answer these questions in your own words. Typewritten responses are preferred.

1. Share with us your relationship with God. If you were to view your relationship with God as a journey, where are you in that journey? (I haven't begun, well down the path, off the main road.) Please elaborate on your response.
2. What does it mean to be a part of a community?
3. What do you expect to gain by living at Wesley?
4. What do you expect to contribute to this community by living here?
5. Is there anything else you would like to/need to share? (about your faith, about your family, about any special needs you have.) Please elaborate on your response.

References:

Please list two people (outside of your own family) who we can contact about you being a part of the Wesley Residential Community.

Reference #1:

Name: _____

Address: _____

Phone: _____

Relation: _____ How Long _____

Reference #2:

Name: _____

Address: _____

Phone: _____

Relation: _____ How Long _____

I have read this application completely. I have been honest and complete with the information that I have recorded on all parts of this application. I understand that providing false information on this application may result in my loss of privilege to live at Wesley Campus Ministry at Kansas State University.

Signed: _____

Date: ___ / ___ / ___

**Please return by mail, email, or hand delivery.
Wesley Campus Ministry • 1001 Sunset Ave. • Manhattan KS 66502 • (785) 776-9278
Email: kstatewesley@gmail.com**