

# 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: M / F

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 Plate & 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](mailto:kstatewesley@gmail.com)**