APPLICATION FOR RESIDENT ADVISOR PROGRAM Clarendon College 2015-2016 Academic year

Name:	SSN:	
Gender: M F		
Permanent address:		
City:	State: Zip:	
Phone:	E-mail address:	
Parent/Guardian Name:		
Address:		
City:	State: Zip:	
Phone:	_	
I am applying for a resident adviso	or position in:	
1 st Choice:	2 nd Choice:	
Major/Program/Sport:	GPA:	
 Requirements for Resident Advisors 1. Nightly rounds to enforce vis 2. Weekly meetings with the De 3. Training prior to the beginn 4. On-call during weekday even 5. Willingness to provide a goo 6. Maintain a passing grade po 7. Conflict resolution skills 	sitation rules ean of students or Designee ing of each semester nings and nights od example and leadership for the student bod	ły

On the reverse side of this form or attach a separate sheet, explaining why you would be the best choice for resident assistant.

I agree to fulfill the requirements for the Resident Advisor program, if chosen, as a recipient of a scholarship which covers room charges in the residence hall assigned. I understand that failure to meet these requirements may result in my scholarship not being renewed for a subsequent semester.

Signature: _____