

2006-2007

**HEALTH & HUMAN SERVICES LIVING/LEARNING COMMUNITY
APPLICATION (Freshman Women only Community)**

Western Kentucky University

In Partnership with



TRI STAR HEALTH SYSTEM

Last Name: _____ First: _____ Middle: _____

Preferred Name: _____ T-shirt Size: S M L XL XXL XXXL Other: _____

WKU ID #: _____ - _____ - _____ Date of Birth: ____/____/____ Gender: M F

Street Address or PO Box: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ - _____ Email: _____

SPECIAL NEEDS

Do you have any physical or other special needs that require accommodation? Yes No Please list below:

ROOMMATE INFORMATION

Roommate Request: _____ WKU ID #: _____ - _____ - _____

ACADEMIC INFORMATION

Major (if known): _____ High School Cumulative GPA: _____

ACT or SAT Score: _____ Are you in the WKU Honors Program? Yes No

If you received Advanced Placement, CLEP or College credits, please list courses: _____

Please list extracurricular activities in high school: _____

ESSAY QUESTION

Please respond to the following essay question on the back of this application. Your response must be typed and cannot extend beyond the back of this page. The essay should be taken very seriously and should be written solely by the student.

Why are you attending college? What do you want to accomplish while in college? Why do you want to be a member of the College of Health & Human Service Living/Learning Community? What do you hope to gain from the Health & Human Services sponsored community?

HEALTH & HUMAN SERVICES AGREEMENT

My signature below indicates that I understand that if I am selected to live in the Health & Human Services Community, I will attend and participate in the activities of the program. I further understand that when I am assigned to a Learning Community, I must take all of those courses and that other courses must be scheduled around the Learning Community courses. If I drop Learning Community courses, I understand that I may be removed from the Health & Human Services Community, including the assigned residence hall.

X _____ Date: ____/____/____

Fee per semester is \$50 (do not send with application)

DUE:

RETURN TO: ATTN: HEALTH & HUMAN SERVICES COMMUNITY

College of Health & Human Services

Western Kentucky University

1906 College Heights Blvd #11038, Bowling Green, KY 42101-1038