



ASHER STUDENT FOUNDATION

Resident Application

OFFICE USE ONLY

Intern yes no

Completed App Recd

Date Accepted

Date Moved in

Date Moved Out

Asher House location: _____ Date: _____

Proposed Term of Residence: Start (mo/day/yr) _____

End (mo/day/yr) _____

Personal Information

Last Name

First Name

MI

Name you go by (nickname, middle name, other)

Male _____ Female _____

Date of Birth

Contact Information

Cell phone

Email

Home/Permanent Address

Street

City

State

Zip

Current Address (if different from home)

Street

City

State

Zip

Christian Science

Please describe the Christian Science activities in which you regularly participate (i.e., Mother Church membership, branch church/Society membership, CSO membership, Sunday School attendance):

Residents of Asher House abide by the moral values of Christian Science, which include refraining from the use of alcohol, drugs, gambling and premarital sex. Is this acceptable to you?

Yes _____ No _____ If no, please explain: _____

Do you take any medication? Yes _____ No _____ If yes, please explain: _____

Asher encourages the daily study and practice of Christian Science. Please share a recent example of relying on Christian Science in your daily life: _____

Education

Have you been accepted to or are you currently enrolled in a certificate or degree program at a college, university, art, or trade school? Yes _____ No _____

Institution name

Major(s)

Degree(s) you are pursuing

Scheduled start date Anticipated graduation date # units/classes

High School Year of Graduation

College Years Attended

College Years Attended

Extra-curricular Activities and Honors

Internship (if applicable)

Have you been accepted for an internship? Yes _____ No _____

Are you receiving academic credit for this internship? Yes _____ No _____

Name of company/organization Start date End date

Internship Contact Name Position

Street City State Zip

Phone

ASF

How did you learn about Asher Student Foundation? _____

Please give your reasons for wanting to live in an Asher House and what you expect to contribute to the house environment: _____

Have you lived at any other Asher House? Yes _____ No _____
If so, in which house(s)? When (please provide approximate dates)?

Has your application to live in an Asher House ever been denied? Yes _____ No _____
If yes, please explain: _____

Have you ever been asked to leave an Asher House? Yes _____ No _____
If yes, please explain: _____

References

Please list three references, two of which are Christian Scientists (not relatives):

_____	_____	_____
Name	Relationship	Years Known
_____	_____	_____
Street	City	State
_____	_____	_____
Zip	Phone	E-mail

Name Relationship Years Known

Street City State

Zip Phone E-mail

Name Relationship Years Known

Street City State

Zip Phone E-mail

The information provided on this application is true and correct to the best of my knowledge. I have received the Asher Student Foundation Purpose and Rules, and agree to support and follow them while I am an Asher resident. I understand that my residency can be terminated if it is discovered that the information provided on this application is false, if my rent is not received in a timely manner, or if I fail to follow the Asher Student Foundation Rules.

Signature of Applicant

Date

Print Name

Signature of Parent/Guardian *(If applicant is under 18)*

Date

Print Name