



500 College Hill • Liberty, MO 64068-1896
888-2-JEWELL (888-253-9355) • 816-415-7511 • Fax 816-415-5040

RESERVATION DEPOSIT FORM

Student Legal Name: _____
Last First Middle

Permanent Address: _____
Street City State Zip

Permanent Telephone: (____) _____ Alternate Telephone (____) _____
Check one for Alternate: _____cellular _____other

E-Mail: _____ Date of Birth: _____

Sex: _____female _____male Social Security: _____

Legal Parent/Guardian Name(s) and Daytime Phone:

Last First Middle (____) Daytime Phone

Last First Middle (____) Daytime Phone

CHECK ALL THAT APPLY:

_____ *I accept your offer of admission and request on-campus housing.* I understand housing is available on a first come, first-served basis. I am enclosing my *\$200.00 deposit and will enroll for the following term:
_____ Fall 20_____ Spring 20_____ (Please complete *Residence Hall Application* on back.)

_____ *I accept your offer of admission and will be commuting.* I am enclosing my *\$200.00 deposit and will enroll for the following term: _____ Fall 20_____ Spring 20_____ (See "Commuter Eligibility" on *Residence Life Overview*. Do not complete the back of this form.)

_____ *I have a disability and/or other special needs that may require attention and other special services, as a student at William Jewell College.* Please explain (attach additional paper if needed): _____

_____ *I will be an athlete at William Jewell College and playing the following sport(s):* _____

***Deposits are refundable until May 1 for fall admission and December 15 for spring admission.**

I understand my deposit signifies my intention to enroll at William Jewell College and guarantees a space in the class now forming.

Signature of Student _____ Date _____

Signature of Guardian/Parent _____ Date _____
If student is under age 18

Please return this completed form and your deposit in the enclosed return envelope.

OFFICE USE ONLY

Date Received: _____

Payment Type:

Cash Check # _____ Credit Card Money Order # _____

