



**Personal Data (please print legibly)**

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_  
 Permanent Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 \_\_\_\_\_ Email: \_\_\_\_\_  
 \_\_\_\_\_  
 Current Address: \_\_\_\_\_ Emergency Contact: \_\_\_\_\_  
 \_\_\_\_\_ Relationship: \_\_\_\_\_  
 \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 \_\_\_\_\_ Email: \_\_\_\_\_

**Education**

Academic Standing: Fr So Jr Sr Other: \_\_\_\_\_ GPA: \_\_\_\_\_  
 College/ University Where You Are Currently Enrolled: \_\_\_\_\_

**Summer 2017 Internship**

Company: \_\_\_\_\_ Company  
 Address: \_\_\_\_\_ Contact/Email: \_\_\_\_\_  
 \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Dates of Internship: \_\_\_\_\_ to \_\_\_\_\_

Will your Internship cover housing costs?  Yes  No

**\*\* Please Attach a Letter of Employment From Your Internship or a Form of Verification \*\***

**Housing** (please check off all that apply)

Would you like a roommate?  Yes  No  
 If yes, can we share your phone number/ email?  Yes  No

**Roommate Request:** Please list the individual you would like to live with this summer. This individual must also have an internship to be considered for Iona's Intern Housing Program.

\_\_\_\_\_  
**Move-In Date:** \_\_\_\_\_ **Move-Out Date:** \_\_\_\_\_  
 Please note the earliest move in date is May 21, 2017 and the latest move out date is August 12, 2017.

Please explain any housing requirements you may have due to illness, physical or mental disability.

\_\_\_\_\_  
 \_\_\_\_\_

Application Fee: A non-refundable \$75 application fee is due with the submission of this application. The fee must be paid via check written out to Iona College or via credit card.

Your completed Intern Housing Application should be returned to the Office of Conference Services, 715 North Avenue, New Rochelle, NY 10801 or via email to [rdisapia@iona.edu](mailto:rdisapia@iona.edu).

I authorize investigation of all statements in this and I understand that any misrepresentation or false statement may result in the rejection of my application. Additionally, I agree to follow all rules and regulations of Iona College and the Office of Residential Life.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<b>Office Use Only:</b> Date Received: _____ Move In Date: _____	Room Assignment: _____ Move Out Date: _____
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