**Application for the St. Camillus Students in Residence Program**

**2025-2026 Academic Year at Marquette University**

**Application Instructions**

There are four required components of the application:

[ ] Part I: Personal Information

[ ] Part II: Essay

[ ] Part III: Reference List

[ ] Part IV: Acknowledgement

Completed applications should be emailed to Dr. Stacy Barnes at Marquette University’s College of Nursing (stacy.barnes@marquette.edu) before 11:59PM Central Time, Sunday May 4, 2025. All applications will be reviewed, and a small number of finalists will be invited for an online interview.

Final decisions will be made by May 16, 2025.

**NOTE:** In the 2025-2026 academic year, only 1-bedroom apartments will be available. Rent will be $680/month, which includes additional perks and benefits (see the program link below for details).

**Information about the Program**: <https://www.wgec.org/community-initiatives-students-in-residence>

**Information about St. Camillus:** <https://www.stcam.com/work/independent-living>

**Part 1: Personal Information**

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MU ID Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Anticipated status while living at St. Camillus:

[ ] Marquette undergraduate student [ ] Marquette graduate student

Major/Area of Study: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birthday: Click or tap to enter a date.

Current Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Desired move-in date: Click or tap to enter a date.

**Part II: Essay**

Please describe in 500 words or less why you desire to be part of this intergenerational program and how you might contribute to enriching the lives of the other residents at St. Camillus.

**Part III: Reference List**

1. Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Part IV: Acknowledgement**

I understand this application is neither a contract, nor a reservation for residency. I understand that I will be subject to a background check and a verification of my full-time status at Marquette University. I also understand that an occupancy agreement, refundable security deposit, and vaccination documentation are required prior to move-in if I am selected.

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Type Your Name Date