

# Living Learning Communities

## At Youngstown State University

### Application

Please type or clearly print requested information. Upon completion, please return this application to:

Erin Driscoll  
Housing & Residence Life  
Youngstown State University  
One University Plaza  
Youngstown, OH 44555

Applications received by June 1, 2009 will be given priority consideration. Applications received after this date will be considered dependent upon space availability in each community.

\_\_\_\_\_  
First Name                      Middle Initial                      Last Name                      University Banner ID Number

\_\_\_\_\_  
Permanent Address                      City                      State, Zip

\_\_\_\_\_  
Local Address (if different than above)                      City                      State, Zip

\_\_\_\_\_  
Home Phone                      Cell Phone                      University E-Mail Address

High School Accumulative GPA: \_\_\_\_\_ Intended Major: \_\_\_\_\_

Gender:             Male  Female                      Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

How would you describe yourself? (Optional):

African-American/Black     Caucasian/White     Pacific Islander

American Indian     Hispanic or Latino  Other: \_\_\_\_\_

Asian American/Asian     Multi-Racial: \_\_\_\_\_

**Academic Information: If you are not a first year freshman, please complete the following information:**

Current Class Standing (Circle One): Freshman    Sophomore    Junior    Senior

Academic Credit Hours at Time of Application: \_\_\_\_\_ Cumulative GPA: \_\_\_\_\_

Expected Graduation Date: \_\_\_\_\_

**Please respond to the following questions:**

1. I'm interested in the following Living Learning Community:  
(If you are interested in multiple communities, please indicate your preference 1,2,3 etc)  
 The Emerging Leader Community       Wellness Education, Living & Learning Community  
 Business Living Learning Community       Fine Arts Appreciation Community  
 History Living Learning Community
  
2. What do you hope to gain as a result of your involvement in a Living Learning Community?
  
  
  
  
  
  
  
  
  
  
3. What can you bring to other members of your community?
  
  
  
  
  
  
  
  
  
  
4. How did you learn about Living Learning Communities? (Check all that apply)  
 JYSU's Website       Flyer       SOAR or EARLY       Faculty/Staff  
 Email       Other: \_\_\_\_\_

I understand that participation in a Living Learning Community is a privilege and that students enrolled in this program must reflect standards of conduct and academic performance consistent with the goals of the program. I certify that to the best of my knowledge, the information provided on this application is true and accurate. I authorize staff responsible for Living Learning Communities to verify all information related to program requirements including access to academic and student conduct records.

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Signature \_\_\_\_\_ Date \_\_\_\_\_