# Waldorf College RESIDENCE LIFE
# THEME HOUSE application

**Proposed Theme:** _____

*Theme House Member Applicants*

| | **Name (print)** | ***Signature** | **Date** |
|---|---|---|---|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |
| 6. | | | |

**Our Student Liaison will be** _____

*****My signature on this application grants Student Life staff permission to verify my GPA and judicial records.***

Please list at least two potential Faculty/Staff House Advisors

1. _____
   Name Department

2. _____
   Name Department

**Statements - on a separate sheet, please answer the following questions:**

1. What is the theme for your house?
2. What are the purpose and goals for your theme house?
3. Statement from **each house member**: (One page typed)
   - Why do you want to be a resident of this particular house, with this theme?
   - How will this housing option enhance your individual Waldorf College experience?
   - What do you hope to take away and learn from your experience of living in this community?
   - How do you intend to contribute to the viability of the theme house?
4. Outline specific programs that your theme house will conduct each month (from September to April) and a program for each semester. In order for the selection committee to be well informed, include all activities in as much detail as possible.
5. Each theme house must complete one educational activity or service project for the campus each semester. What two programs does your group plan to do?
6. Propose consequences that will apply to your house if required monthly programs and semester programs are not completed
7. Preference of house (tours available upon request)
   a. Columbia House – 445 West I street (Max 4)
   b. Lux House – 236 South 8th Street (Max 4)
   c. Veritas House – 246 South 8th Street (Max 4)
   d. Immanuel House – 236 South 6th Street (Max 6)
   e. Olson House – 305 West K Street (Max 7)
   f. Warrior House – 425 West I Street (Max 7)
8. Any other information you believe would be beneficial for the selection committee to consider when making its decision.

**House Proposed Activities:**

Monthly –

September: _____

October: _____

November: _____

December: _____

January: _____

February: _____

March: _____

April: _____

Semester –

Fall: _____

Spring: _____

**Please indicate below your meal plan choice for the year.**

Print Name_____ Meal Plan Choice_____

Print Name_____ Meal Plan Choice_____

Print Name_____ Meal Plan Choice_____

Print Name_____ Meal Plan Choice_____

Print Name_____ Meal Plan Choice_____

Print Name_____ Meal Plan Choice_____

Print Name_____ Meal Plan Choice_____

Date_____

**This form must be completed and returned to the Residence Life Office Suite by Friday, March 1st, 2013 at 4:00 p.m.**