



# ST. VLADIMIR INSTITUTE

620 Spadina Avenue  
Toronto, Ontario M5S 2H4  
Tel: 416.923.3318 Fax: 416.923.8266  
www.stvladimir.ca svi@stvladimir.ca



# RESIDENCE APPLICATION

## I. PERSONAL INFORMATION

Surname: \_\_\_\_\_ Given Names: \_\_\_\_\_

Date of Birth:                                Gender:  Male  Female

Visa Student:  Yes  No Country of Origin: \_\_\_\_\_

Languages Spoken:  English  French  Ukrainian  Other: \_\_\_\_\_

Health Card Number:                                 

Street Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_

City/Town: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_ Email: \_\_\_\_\_

Phone (Home): \_\_\_\_\_ Phone (Cell): \_\_\_\_\_

Preferred Method of Correspondence:  Postal Delivery  Email

## II. EMERGENCY CONTACTS — THE ADMINISTRATOR MUST BE ADVISED OF ANY CHANGES TO EMERGENCY CONTACT INFORMATION.

A. Surname: \_\_\_\_\_ Given Names: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_

City/Town: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_ Email: \_\_\_\_\_

Phone (1): \_\_\_\_\_ Phone (2): \_\_\_\_\_

Relationship: \_\_\_\_\_

B. Surname: \_\_\_\_\_ Given Names: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_

City/Town: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_ Email: \_\_\_\_\_

Phone (1): \_\_\_\_\_ Phone (2): \_\_\_\_\_

Relationship: \_\_\_\_\_

**III. ACADEMIC INFORMATION**

Secondary and Post-Secondary education:

INSTITUTION	GRADUATING YEAR	DEGREE/DIPLOMA
_____	_____	_____
_____	_____	_____
_____	_____	_____

During my residence, I will be enrolled in the following institution as a full-time student:

- University of Toronto  
  Ryerson University  
  York University  
  George Brown College  
 Humber College  
  Ontario College of Art & Design  
  Other: \_\_\_\_\_

Faculty: \_\_\_\_\_ Academic Year:    1    2    3    4

Student ID#: \_\_\_\_\_ Program or Major: \_\_\_\_\_

**IV. REFERENCES**

The contact information of two people who are submitting Letters of Recommendation in support of my application:

**A.** Surname: \_\_\_\_\_ Given Names: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt.#: \_\_\_\_\_

City/Town: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_

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

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

FOR OFFICE USE ONLY

**B .** Surname: \_\_\_\_\_ Given Names: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt.#: \_\_\_\_\_

City/Town: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_

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

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

FOR OFFICE USE ONLY

**V. ADDITIONAL INFORMATION**

Health/Dietary Concerns: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

St. Vladimir Institute offers a wide range of cultural activities to students: academic lecture series, art instruction, Ukrainian language courses, culinary workshops, theatre, music. I am interested in:

History  Language  Art  Cooking  Music  Theatre  Other: \_\_\_\_\_

Requests: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**VI. HOW DID YOU HEAR ABOUT ST. VLADIMIR INSTITUTE RESIDENCE?**

Web  Social Media  Printed Media  Housing Services  Fellow Students  Family  
 Other: \_\_\_\_\_

**VII. DEPOSIT FEE**

A \$500.00 deposit fee, payable to "St. Vladimir Institute" must be submitted with this application. The deposit will be returned if an applicant is not accepted to St. Vladimir's Institute Residence.

**VIII. DECLARATION AND SIGNATURE**

I declare that the information reported on this form is true and correct.  
Upon my admission to St. Vladimir Institute Residence, I agree to abide by the rules and regulations of the Institute.

\_\_\_\_\_  
Signature of Applicant

D D M M Y Y Y Y  
Date

*Submit the completed and signed form, letters of recommendation and a \$500.00 deposit to:*

ST. VLADIMIR INSTITUTE STUDENT RESIDENCE  
620 SPADINA AVENUE  
TORONTO ON M5S 2H4  
CANADA

*Applicants are generally notified of the Residence's decision regarding submissions within 15 business days of receipt of a complete Residence Application.*

FOR OFFICE USE ONLY