Spring 2027 Dorm Room Application

Return by one of the following:
Email to: elizabeth.k.zaluska@osfhealthcare.org
Fax to: 309-624-8973
Mail to: Saint Francis Medical Center College of Nursing
511 NE. Greenleaf St, Peoria, IL. 61603

Student information: (Please Print)

Last Name _____ First Name _____ Middle Initial _____

Phone Number _____ Email _____

Current Street Address _____

City _____ State _____ Zip Code _____

Permanent Street Address (leave blank if same as current address) _____

City _____ State _____ Zip Code _____

Gender: ☐ Male ☐ Female

Comments or Special Circumstances:

List any comments or special circumstances that should be taken into consideration when reviewing your application for a dorm room:

Student Certification:

Student Signature _____ Date _____