

MISSISSIPPI DELTA
COMMUNITY COLLEGE

FACULTY/STAFF
SCHOLARSHIP FORM

MDCC Employee: _____

Full-time employee: _____ (One course per semester for full time employees)

Part-time employee: _____ (One course per year for part time employees)

*Name of Applicant: _____ ID # _____
(do not use social security #)

Relationship to MDCC Employee: _____

***Full Time Employees** – (up to full tuition per semester for dependent or spouse)

***Part Time Employees** – (up to 6 hours per semester for dependent or spouse; anything over 6 hours is dependent upon available funds – check with the Office of Financial Aid)

Semester and Year Scholarship Requested: _____

Number of Enrolled Hours and Name of Class Requested _____

****The maximum scholarship amount is subject to change based on the availability of funds and other financial aid eligibility.***

THIS FORM MUST BE FILED TWO (2) WEEKS BEFORE SEMESTER BEGINS

Employee Date

Appropriate Supervisor Date

Associate Vice President / Vice President Date

President Date

After all signatures have been obtained, the President's office will forward to Human Resources

Mississippi Delta Community College does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs and activities. The following person has been designated to handle inquiries regarding the non-discrimination policies: The Associate VP for Institutional Effectiveness, Boggs-Scroggins Student Services Center, P.O. Box 668, Moorhead, MS 38761, 662-246-6558.