

APPLICATION FOR ADULT EDUCATION SCHOLARSHIP

(Last)	(First)		(Middle)	
3. Name at the time of testing (i	if different)			
(Last)	(First)		(Middle)	
1. Date of Birth				
5. Home Address				
(Street, RFD, or P.O.)	(City)	(State)	(Zip Code)	
5. Telephone Number				
7. Date of testing				
3. Name of official High Schoo	l Equivalency Testing Cente	r where test wa	s administered	
• Semester you plan to enroll a	t MDCC (Semester)	(Year)		
• Semester you plan to enroll a		(Year)		
		(Year)		
9. Semester you plan to enroll a Signature of Applicant Signature of HSE Examiner	(Semester) Date	(Year)		

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, Stauffer-Wood Administration Building, P.O. Box 668, Moorhead, MS 38761, 662-246-6558.