

V.P. of Student Services Office
Only



MISSISSIPPI DELTA
COMMUNITY COLLEGE
On-Campus Housing Application

Date Received _____

Receipt Number _____

P.O. Box 668

Moorhead, Mississippi 38761

www.msdelta.edu

This application must be **typed** or **printed** and mailed to the address below if the applicant intends to live in residential housing. **A \$75.00 non-refundable application fee must be attached to this application in the form of a check or money order to be processed.** Please apply for admission to the college before returning this application.

- **MDCC c/o Business Office P.O. Box 668 Moorhead, MS 38761**

PLEASE READ THE INFORMATION BELOW

- **All MDCC grounds and facilities including housing units are tobacco free.**
- **Residents must maintain full-time status (12 hours).**
- **Residents must purchase a meal ticket.**
- **Residents must maintain a 1.75 grade point average.**

Year: 20__ - 20__ Semester (check all that apply): Fall ___ Spring ___ Summer: Term 1 ___ Term 2 ___

Date of Birth _____ Male ___ Female ___ Race _____ Age _____

Have you received a performing or athletic scholarship from MDCC? Yes ___ No ___ (If yes, please circle the appropriate group below.)

Ambassador	Band	Baseball	Men's Basketball	Football
Delta Dancer	Cheerleader	Softball	Women's Basketball	

Have you been accepted to any of the following programs? Lineman Program _____

Allied Health Program _____ Career/Technical Program _____
(List program) (List program)

1. Date of Application _____ ID No. _____

2. Name in Full _____
(Last) (First) (Middle)

3. Mailing Address _____
(Box or Street) (City) (State) (Zip)

4. Home Phone _____ 5. Cell Phone _____

6. Email Address _____

7. Freshman ___ Sophomore ___ Transfer Student ___ If "Yes" list institution _____

8. Have you ever lived in the MDCC Residence Halls? Yes ___ No ___ If yes, when? _____

9. Who should be contacted in case of emergency? Name _____

Address _____
(Box or Street) (City) (State) (Zip)

Relation _____ Phone (home & cell) _____

10. Roommate Preference _____

By checking this box you agree to have your contact information (name and phone number only) shared with potential roommates.

11. Do you have any chronic ailments or physical disabilities that would affect your room assignment? Yes ___
No ___

My signature confirms that I have read this application and agree to comply with all college regulations.

Signature: _____ Date: _____

Edited November 2018