

FOR INSTITUTIONAL USE ONLY:

Organization: \_\_\_\_\_

Resident Hall/Room Number: \_\_\_\_\_



### Residential Housing Application

Mail Application/Payment to: East Mississippi Community College  
Attn: Business Office  
P.O. Box 158  
Scooba, Ms 39358

*\*This application will not be accepted unless accompanied by a check or money order for \$50.00 made payable to East Mississippi Community College to cover your refundable housing deposit. Please do not send cash through the mail. For refund see college catalog. Submission of this application and deposit does not guarantee the student housing. Resident selection is based on date of payments received by institution.*

Name: \_\_\_\_\_  
*Last First Preferred*

Address: \_\_\_\_\_  
\_\_\_\_\_  
*City State Zip*

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Race: \_\_\_\_\_  
*(optional)*

Sex:  Male  Female Telephone Number: \_\_\_\_\_  
*Cell Home*

Applying for:  Fall \_\_\_\_\_  Spring \_\_\_\_\_  Summer \_\_\_\_\_  
*(year) (year) (year)*

I will be a:  Freshman  Sophomore Have you ever been convicted of a felony?  Yes  No

Residence Hall Preference:

Note any scholarships that you will be receiving:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Gilbert Anderson | <input type="checkbox"/> Football           | <input type="checkbox"/> Cheerleader    |
| <input type="checkbox"/> Women's Honors   | <input type="checkbox"/> Baseball           | <input type="checkbox"/> Softball       |
| <input type="checkbox"/> Men's Honors     | <input type="checkbox"/> Men's Basketball   | <input type="checkbox"/> Women's Soccer |
| <input type="checkbox"/> Noxubee          | <input type="checkbox"/> Men's Soccer       | <input type="checkbox"/> Band           |
| <input type="checkbox"/> Lauderdale       | <input type="checkbox"/> Golf               | <input type="checkbox"/> Other: _____   |
| <input type="checkbox"/> Sullivan         | <input type="checkbox"/> Trainer            | _____                                   |
| <input type="checkbox"/> No Preference    | <input type="checkbox"/> Women's Basketball | _____                                   |

Roommate Preference: \_\_\_\_\_

Emergency Contact Information: \_\_\_\_\_  
*Name Relationship to You Contact Number*

List any medical circumstances that the Housing Department should be aware of:

High School Attended: \_\_\_\_\_ GPA: \_\_\_\_\_ ACT Score: \_\_\_\_\_

*\*East Mississippi 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:  
Dr. Jackie Stennis, Vice President for Scooba Campus Davis Administration Building P.O. Box 158 Scooba, MS 39358  
662-476-5000 jstennis@eastms.edu*