

Institutional Scholarship Application

P.O. Box 158 Scooba, MS 39358 (662) 476-5080

Deadline is the last day of registration for Fall semester

- Please check one: First-time student at EMCC (Sections I and II must be completed)
 Returning student/Renewal application (Complete Section I only)

Section I: Student Information.

Social Security Number: _____

Name: _____
Last First MI Maiden

Address: _____
P.O. Box/Street/Rt. City State Zip Telephone #

E-mail Address: _____

High School Attended _____ Graduation Date _____

Have you attended a college(s) other than EMCC? Yes No (If 'yes' see 'Note to transfer students' below)

Have you previously attended EMCC? Yes No

Field of study (major) _____ Date you plan to enroll at EMCC _____

List scholarships for which you are applying:

Applicant's Signature

Date

Note to transfer students: Documentation of your ACT score and transcripts from all colleges previously attended must be submitted to the Financial Aid Office before eligibility can be determined (unofficial copies of transcripts are acceptable).

Section II: To be completed by your High School Principal or Counselor.

Act Composite Score: _____ Grade Point Average (4.0 Scale) _____ (i.e. 3.25) Graduation Date _____

Name of High School _____ Telephone Number _____

Printed Name of Individual Providing Information _____ Title _____

Signature _____ Date _____

EMCC Office Use Only:

Renewal Applicant's GPA _____ Initials _____ Date _____