



Sex: Male _____ Female _____
ACT Score _____ GPA at Graduation _____
High School Attended _____

HOUSING APPLICATION

*A \$50.00 room deposit is required before room assignment is made. Mail deposit to: Housing, P.O. Box 158, Scooba, MS 39358
Rooms are assigned based on the date that the deposit is received in the Business Office*

Name: _____
 First Middle Last

Address: _____
 P.O. Box, Route, Street

City State Zip Code

Social Security Number: _____ ~ _____ ~ _____ (Optional) Date of Birth: _____ / _____ / _____
 Month Day Year

Telephone Number: (_____) _____ ~ _____ Cell Phone: (_____) _____ ~ _____

Applying for: Fall _____ Spring _____ Year _____

Freshman _____ Sophomore _____ Have you ever been convicted of a Felony? Yes _____ No _____

Preferred Residence Hall for Upcoming Year: _____ No Preference _____

Preferred Roommate's Name: _____ No Preference _____

In case of emergency, contact: _____ Relationship to you _____

Emergency contact's telephone number _____

List any medical circumstances that your Head Resident Director should be aware of:

Please indicate by checking the appropriate area if you will be participating in any of the following							
Band	<input type="checkbox"/>	Baseball	<input type="checkbox"/>	Basketball	<input type="checkbox"/>	Cheerleading	<input type="checkbox"/>
Football	<input type="checkbox"/>	Golf	<input type="checkbox"/>	Soccer	<input type="checkbox"/>	Softball	<input type="checkbox"/>

My signature below indicates that I personally completed this form.

Signature: _____ Date: _____

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, Scooba Campus
 Davis Administration Building
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 662-476-5000
 jstennis@eastms.edu