



RESIDENTIAL HOUSING APPLICATION
 Mail Application and Payment to:
 East Mississippi Community College
 ATTN: Student Accounts
 P.O. Box 158
 Scooba, MS 39358

This application will not be accepted unless it is accompanied by a check or money order for \$100.00 made payable to East Mississippi Community College to cover your non-refundable housing application fee. Please do not send cash through the mail. Submission of this application and non-refundable housing application fee does not guarantee the student housing. Resident selection is based on the date you register for classes and the date your payment is received by the institution.

Name: _____
 Last First Middle

Address/P.O. Box: _____
 Street Name & Number City State Zip

E-Mail: _____ Cell Number: _____

Student ID Number: _____ Social Security Number: _____

Date of Birth: ____/____/____ Gender: _____ Race: _____

Have you ever been convicted of a felony? ___Yes ___No Select a Meal Plan: 7-Day: \$1,360 5-Day: \$1,015

Semester Applying for: Fall _____ Spring _____ Summer _____ (Enter Year on the Line After Semester)

- | | | |
|---|--|------------------------|
| Residence Hall Preference: | Scholarship You Have Been Awarded: | ACT Score _____ |
| <input type="checkbox"/> Gilbert Anderson (Women) | <input type="checkbox"/> Football <input type="checkbox"/> Women's Rodeo | SAT Score _____ |
| <input type="checkbox"/> Women's Honors (Women) | <input type="checkbox"/> Baseball <input type="checkbox"/> Band | |
| <input type="checkbox"/> Men's Honors (Men) | <input type="checkbox"/> Men's Basketball | |
| <input type="checkbox"/> Lauderdale (Men) | <input type="checkbox"/> Men's Rodeo | |
| <input type="checkbox"/> Noxubee (Men) | <input type="checkbox"/> Student Trainer | |
| <input type="checkbox"/> Sullivan (Football) | <input type="checkbox"/> Cheer | |
| <input type="checkbox"/> Athletic Cottage (Athletes Only) | <input type="checkbox"/> Softball | |
| <input type="checkbox"/> Kemper Hall (Co-Residential) | <input type="checkbox"/> Women's Basketball | |

Roommate Preference: _____

If you did not indicate a roommate, would you like for us to share your contact information with the roommate we assign to you?
 Yes No

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

Emergency Contact: _____
 Name Relationship Contact Number

East Mississippi Community College is committed to assuring that the College and its programs are free from discrimination and harassment based upon race, color, ethnicity, sex, pregnancy, religion, national origin, disability, age, sexual orientation, gender identity, genetic information, status as a U.S. veteran, or any other status protected by state or federal law. The following person has been designated to handle inquiries regarding the non-discrimination policies: Theresa Harpole, District Director of Human Resources, Wallace Hall Building, P.O. Box 158 Scooba, MS 39358, 662-476-5000, tharpole@eastms.edu.