

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 \$50.00 non-refundable application fee must be attached to this application in the form of a check or money order to be processed.**

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

PLEASE READ THE INFORMATION BELOW

- **Housing units are smoke free facilities.**
- **Residents must maintain full-time status (12hours).**
- **Residents must purchase a meal ticket & maintain a 1.75 grade point average.**
- **Three residents are assigned to each room.**
- **Residents will receive written confirmation of their room assignment on or about July 15th.**

Date of Birth _____ **Male** ____ **Female** ____ **Race** _____ **Age** _____

Check if Applicable: ____ **Ambassador** ____ **Band** ____ **Baseball** ____ **Men's Basketball** ____ **Women's Basketball**
____ **Delta Dancer** ____ **Football** ____ **Soccer** ____ **Softball** ____ **Cheerleader** ____ **Non-Group** ____

1. **Date of Application** _____ **Social Security No.** _____

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

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

4. **Home Phone** _____ 5. **Date of Birth** _____

6. **Email Address** _____ (optional)

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

8. Who should be contacted in case of emergency? Name _____
Address _____ Relation _____
(City) (State)
Phone (home & cell) _____

9. Roommate Preference _____

10. Do you require special accommodations relating to a disability or physical need?
Yes __ No__ If "Yes" please specify _____

11. Are you required to take medication? Yes __ No __ If, "Yes" specify _____

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

Signature: _____ Date: _____