



**MISSISSIPPI VALLEY STATE UNIVERSITY**  
**FACULTY/STAFF**  
**RECIPROCAL SCHOLARSHIP FORM**

MDCC Applicant:

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**MVSU ID #**

*(do not use social security #)*

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Semester and Year Applying For:

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Course Number, Description, and Hours (6 hours maximum) Applying For: *(Schedule must be attached)*

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Employee

Date

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Appropriate Supervisor

Date

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Associate Vice President / Vice President

Date

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President

Date

*After all signatures have been obtained, the President's office will forward this form to Human Resources. HR will then email a copy of the approved form to employee. Employee will then be responsible in taking form to MVSU.*

*Mississippi Delta 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: The Associate VP for Institutional Effectiveness, Boggs-Scroggins Student Services Center, P.O. Box 668, Moorhead, MS 38761, 662-246-6558.*