

MISSISSIPPI DELTA
COMMUNITY COLLEGE

FACULTY/STAFF
SCHOLARSHIP FORM

MDCC Employee: _____

Full-time employee: _____ (One course per semester for full time employees)

Part-time employee: _____ (One course per year for part time employees)

*Name of Applicant: _____ ID # _____
(do not use social security #)

Relationship to MDCC Employee: _____

*Full Time Employees – (up to full tuition per semester for dependent or spouse)

*Part Time Employees – (up to 6 hours per semester for dependent or spouse; anything over 6 hours is dependent upon available funds – check with the Office of Financial Aid)

Semester and Year Scholarship Requested: _____

Number of Enrolled Hours and Name of Class Requested *(Schedule Must be Attached)* _____

****The maximum scholarship amount is subject to change based on the availability of funds and other financial aid eligibility.***

THIS FORM MUST BE FILED TWO (2) WEEKS BEFORE SEMESTER BEGINS

Employee Date

Appropriate Supervisor Date

Associate Vice President / Vice President Date

President Date

After all signatures have been obtained, the President's office will forward to Human Resources

Mississippi Delta Community College does not discriminate on the basis of age, race, color, national origin, religion, sex, sexual orientation, gender identity or expression, physical or mental disability, pregnancy, or veteran status in its educational programs and activities or in its employment practices. The following person has been designated to handle inquiries regarding the non-discrimination policies: Dr. Steven Jones, Vice President of Administrative and Student Services, Stauffer-Wood Administration Building, Suite 119, Office 123, P. O. Box 668, Moorhead, MS 38761, 662-246-6304; EEOC@msdelta.edu.