



Rust College

Application for Admission and Financial Aid



Application Procedures: Processing is simplified.
To apply online, go to www.rustcollege.edu.

Please Return this form to:
Enrollment Services
Rust College
150 Rust Ave
Holly Springs, MS 38635

New Freshman: Official high-school transcripts should be sent from your high school to the Admissions Office. Copy of ACT/SAT Score should be sent.

Transfer Applicants: Request each college you have previously attended to send an official transcript of your academic record to the Enrollment Services Office.

Fee: A nonrefundable application fee of \$10.00. Room reservation of \$50.00 required for all students residing on campus. Make check or money order payable to Rust College.

Deadlines: Rolling Admission. Priority Deadline for the Fall by April 1st and Spring by December 1st. Applications postmarked later will be evaluated on a competitive, space-available basis.

Personal Information:

Full Name Social Security No.....
Last First (full legal name) Middle

Other names under which documents could be found: Female Male

Providing the information requested within this block is important for documentation. The information will be used in a non discriminatory manner, consistent with applicable civil rights laws. Do you consider yourself to be Hispanic or Latino YesNo

In addition, select one or more of the following racial categories to describe yourself:
..... American Indian or AlaskanBlack, non-Hispanic White, non-Hispanic Asian or Pacific Islanders

Date of Birth Place of Birth
Mo./Day/Yr. City and State

Religion/Church

United Methodist YesNo **Clergy** YesNo

Permanent Mailing Address

City and State.....Zip Code.....

Telephone Cell.....
Area Code Area Code

Email.....

Important: Address changes prior enrollment should be reported immediately to the Enrollment Services Office.

Previous Education

High School Attended..... Graduation Date.....

Location City State Zip Code Currently Enrolled Yes No

List All Colleges Attended:

Institution	City and State	Dates Attendance	Degree	Currently Enrolled?
.....
.....

Enrollment Information (check all that applicable)

I plan to enroll at: Holly Springs (main campus)
.....On-Line Classes *Check with Registrar for available classes

When do you plan to attend

Fall: 1st Module 2nd Module.....
Spring: 3rdModule 4th Module.....
Summer: 5th Module 6th Module

Associate

- Early Childhood Education
- Business Administration

Bachelor of Arts

- English/Liberal Arts
- Sociology
- Mass Communication /Print Journal ism
- Mass Communication/Broadcast Journalism
- Political Science

Bachelor of Social Work

- Social Work

Bachelor of Science

- Biology
- Biology Education
- Business Administration
- Business Education
- Chemistry
- Computer Science
- Elementary Education
- English Education
- Mathematics
- Mathematics Education
- Social Science
- Social Science Education
- Child Care Management

I expect to be:

- Classification**
- Freshman
 - Sophomore
 - Junior
 - Senior

Special Student

-Do not seek Rust College degree
-Course for self-enrichment only

Evening Student

- Mississippi Action for Progress Program
- Social Work -Weekend
- Adult-Pathway

Type of Student

-Degree Seeking
-Non Degree Seeking

Financial Aid (You must complete FAFSA to receive any financial aid – Rust College School Code: 002433) *You will be automatically considered for any non-repayable grants by completing FASFA. What type of financial assistance are you requesting?

..... Scholarship only All Scholarships and Financial Aid Available Loans only Work Study Both Loans and Work Study. If there are any unusual circumstances relating to your family situation which will help us determine your financial need, please explain.

Parents Financial Statement:

Number of Exemptions claimed for the period of this application

Name of Father Occupation Age.....

Name of Mother Occupation Age.....

(a) Father's Income (B) Mother's Income (c) Applicant's Income.....

= Adjusted Gross Family Income (Must equal a through c) \$.....

APPLICANT'S FINANCIAL STATEMENT (INDEPENDENT STUDENT ONLY)

Number of Exemptions..... Adjusted Gross Income \$..... Any other family (Social Security, VA Benefits, AFDC, Child Support, ect.) \$..... Did you receive any outside scholarship assistance? Yes No. If Yes, how much \$

Are you interested in any extracurricular?

Statement of Educational Purpose: I certify that I will use all funds received under the Title IV Student Financial Aid Program (loans, grants and/or work-study) only for the expenses related to attendance at Rust College. I certify that I am not in default on any loans (Perkins or Stafford), and that I do not owe refund on an educational grant.

I certify that I am not required to register with Selective because: I am or have served in the armed servicesI have not reach my 18th birthday I was born before 1960I am a permanent resident of Federated States of Micronesia, the Marshall Islands, or a permanent resident of the Trust Territory of the Pacific Islands..... I certify that I am registered with Selective Service.

What country are you from, ex. USACountry of Citizenship.....

Have you ever been convicted of a felony or do you currently have any felony charges pending against you? YesNo

If yes, please explain:

Have you ever been dismissed from a secondary or postsecondary institution of higher education for disciplinary reasons? YesNo

If yes, please explain:

Certification

I certify that none of the information requested on this form is false or has been withheld. I understand that giving false information may make me ineligible for admission or to continue at Rust College.

Your Signature Date.....

Please send completed application and all admission credentials to: Enrollment Service :150 Rust Ave Rust College Holly Springs, MS 38635. Feel free to contact our office at (662)-252-8000 ext 4058 or 4059 or toll free: 888.886.8492. Website: www.rustcollege.edu email: admissions@rustcollege.edu

The college complies with all applicable laws regarding affirmative action and equal opportunity in all its activates and programs and does not discriminate against anyone protected by law because of age, color, disability, national origin, race, religion, sex, sexual orientation, handicap, or status as veteran or disabilities veteran. 866K-7/09



Rust College
Enrollment Services
150 Rust Avenue
Holly Springs, MS 38635
(662) 252-8000, Ext. 4058 or 4059 Toll Free 1-888-886-8492 Fax (662) 252-8895
www.rustcollege.edu

High School/College/GED Transcript Release Form.

I hereby give permission for my official high school/college transcript and academic/assessment test results to be released to Rust College.

Student's Name _____

High School/College Name _____

Dates Attended _____

Date of Birth _____

Social Security Number _____

Signature of Student/Date

(Cut here and leave top portion with High School/College Counselor)



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Date of Birth _____

Social Security Number _____

Signature of Student/Date



RUST COLLEGE IMMUNIZATION RECORD

PART I

Name: _____

Address: _____

Telephone: _____

Emergency Contact: _____

Date of Entry ___/___/___ Date of Birth ___/___/___ Social Security Number ___/___/___-___/___/___-___/___/___

Status: 1st Time Freshman ___ Part-time ___ Full-time ___ Graduate ___ Undergraduate ___ Professional ___

PART II – TO BE COMPLETED AND SIGNED BY YOUR HEALTH CARE PROVIDER.

ACHA Guidelines (All information must be in English).

A. M.M.R. (MEASLES, MUMPS, RUBELLA)

(Two doses REQUIRED for all students at least 28 days apart for students born after 1956 and all health sciences students.)

1. Dose 1. #1 ___/___/___

2. Dose 2. #2 ___/___/___

Allergies? _____ m d y

Recommended Immunizations

B. HEPATITIS A

1. Immunization (hepatitis A)

a. Dose #1 ___/___/___ b. Dose #2 ___/___/___

2. Immunization (Combined hepatitis A and B vaccine)

a. Dose #1 ___/___/___ b. Dose #2 ___/___/___ c. Dose #3 ___/___/___
m d y

C. HEPATITIS B

(All college and health sciences students. Three doses of vaccine or two doses of adult vaccine in adolescents 11-15 years of age, or a positive hepatitis B surface antibody meets the requirement.)

1. Immunization (hepatitis B)

a. Dose #1 ___/___/___ b. Dose #2 ___/___/___ c. Dose #3 ___/___/___

Adult formulation ___ Child formulation ___ Adult formulation ___ Child formulation ___
Adult formulation ___ Child formulation ___

2. Immunization (Combined hepatitis A and B vaccine)

a. Dose #1 ___/___/___ b. Dose #2 ___/___/___ c. Dose #3 ___/___/___

3. Hepatitis B surface antibody Date ___/___/___

Result: Reactive _____ Non-reactive _____

D. VARICELLA (Chicken Pox)

(Birth in the U.S. before 1980, a history of chicken pox, a positive varicella antibody, or two doses of vaccine meets the requirement.)

1. History of Disease Yes ___ No ___ or Birth in U.S. before 1980 Yes ___ No ___

2. Varicella antibody ___/___/___ Result: Reactive _____ Non-reactive _____

3. Immunization

a. Dose #1 #1 ___/___/___

b. Dose #2 and at least 4 weeks after first dose if age 13 years or older. #2 ___/___/___

E. QUADRIVALENT HUMAN PAPILLOMAVIRUS VACCINE (HPV)

(Three doses of vaccine for female college students 11-26 years of age at 0, 2, and 6 month intervals.)

Immunization (HPV)

a. Dose #1 ___/___/___ b. Dose #2 ___/___/___ c. Dose #3 ___/___/___



F. INFLUENZA

(Trivalent inactivated influenza vaccine or TIV. Live attenuated influenza vaccine or LAIV; licensed for healthy, nonpregnant persons age 5-49 years old. **Annual immunization recommended** to avoid influenza complications in high-risk patients, to avoid disruption to academic activities, and to limit transmission to high-risk individuals. Health sciences students with patient contact.)

Date ____/____/____
TIV__ LAIV__ TIV__ LAIV__ TIV__ LAIV__ TIV__ LAIV__ TIV__ LAIV__ TIV__ LAIV__

G. PNEUMOCOCCAL POLYSACCHARIDE VACCINE

(One dose for members of high-risk groups.)

Date ____/____/____
 m d y

H. MENINGOCOCCAL TETRAVALENT

(A,C,Y,W-135 / One dose — for college freshmen living in dormitories/residence halls, persons with terminal complement deficiencies or asplenia, laboratory personnel with exposure to aerosolized meningococci, and travelers to hyperendemic or endemic areas of the world. Tetravalent conjugate (preferred; data for revaccination pending; administer simultaneously with Tdap if possible): Date ____/____/____

Tetravalent polysaccharide (acceptable alternative if conjugate not available; revaccinate every 3-5 years if increased risk continues): Date ____/____/____

I. TUBERCULOSIS SCREENING

- 1. Does the student have signs or symptoms of active tuberculosis disease? Yes _____ No _____
If No, proceed to 2. If Yes, proceed with additional evaluation to exclude active tuberculosis disease including tuberculin skin testing, chest x-ray and sputum evaluation as indicated.
- 2. Is the student a member of a high-risk group or is the student entering the health professions?2 Yes _____ No _____
If No, stop. If Yes, place tuberculin skin test (Mantoux only: Inject 0.1 ml of purified protein derivative [PPD] tuberculin containing 5 tuberculin units [TU] intradermally into the volar [inner] surface of the forearm.) A history of BCG vaccination should not preclude testing of a member of a high-risk group.
- 3. Tuberculin Skin Test:
Date Given: ____/____/____ Date Read: ____/____/____
Result: _____ (Record actual mm of induration, transverse diameter; if no induration, write "0")
Interpretation (based on mm of induration as well as risk factors): positive____ negative____
- 4. Chest x-ray (required if tuberculin skin test is positive) result: normal____ abnormal____
Date of chest x-ray: ____/____/____

**Part III
HEALTH CARE PROVIDER INFORMATION**

Name (please print) _____
Address _____
Telephone: _____
Signature _____

Rust College Enrollment Services
150 Rust Avenue
Holly Springs, MS 38635
www.rustcollege.edu



Recommendation for Enrollment

(Must be completed by a Principal, Counselor, Teacher or Responsible Adult-Non Relative)

Print Student Name _____

This form will be completed by my high school teacher, principal, an instructor, or a responsible adult (non relative). I authorize the release of this information by my signature.

Signature of Student _____ **Student ID #:** _____

To Whom It May Concern:

1. Please give us your honest and unbiased evaluation of the above named applicant. This will assist the Admissions Committee in making a fair decision towards this individual for admission to the College.

2. How long have you known this applicant? _____ In what capacity? _____

3. Do you feel this applicant shows initiative and ambition to do college work? _____

4. Do you feel the applicant has the emotional poise to survive the rigors of college work? _____

5. The overall character and personality of the applicant is (check one)
 Fair Average Good Superior Cannot determine

6. How do you rate the applicant's leadership abilities?
 Aggressive Natural Leader Average Hastily Guided

7. The work ethic of this student is?
 Fair Average Good Superior Cannot determine

8. Do you feel this applicant can work with other people? _____

9. How would you rate the applicant's personal appearance?
 Exceptional Above Average Satisfactory
 Makes poor impression

10. Are there any special circumstances connected with this student of which the college should be aware of before making a decision on this applicant? _____

Reference Signature _____ **Occupation** _____

Address _____ **City** _____ **State** _____ **Zip** _____

Contact Number _____ **Email** _____

(This is confidential information, Please do not return to the applicant)

Rust College



RESIDENCE LIFE & NEW STUDENT CHECKLIST ROOM CHECKLIST

www.rustcollege.edu

Living in a residence hall offers a unique opportunity for you to participate in campus life to the fullest because of the closed proximity to cultural, academic and social events. The list below is to assist you in making your room livable. Eating utensil for the room: silverware, plate, cup, seasonings, and storage food container with tight fitting lid.

MANDATORY ITEMS

ONLY FOR FORMAL OCCASIONS

Men

Dark Suit (Preferably Black)
White Shirt
Tie
Black Shoes

Women

Black or White Dress
Black Shoes
Coffee or Off Black Stocking

SURVIVAL ITEMS

Towels/linens (twin size)
Bedspreads - check with roommate
Blankets
Alarm clock
Aspirin/Tylenol
Backpack or tote bag
Bulletin board
Calculator
Cash for personal expenses
Clipboard or notebook
Coat hangers
Coffee mug
Collapsible clothes drying rack
Comfortable shoes
Desk supplies
Dictionary & Thesaurus
Easy care clothes
First aid supplies
Hair dryer
Iron
Laundry bag/detergent
Mirror (hand)
Pillows
Portable ironing board

Power strip (UL listed)
Rain gear
Reading lamp
Sewing kit
Shower shoes
Stationery
Trash can
Wipe off memo board
Lock box for jewelry, valuables
Merriam-Webster (Paperback) Dictionary
THE COMFORTABLE LIFE
Curtains
Musical instruments
Telephone
Portable TV
Postage stamp supply
Stereo/boombox
Tapes/CD/DVD
Rug
Swimsuit
Tape recorder
Footlocker
Camera, Film, Flashes

DON'T BOTHER TO BRING!!

Microwave, Alcoholic beverage, Drugs, Tons of high school memorabilia, Weapons