



# Rust College

## Application for Admission and Financial Aid



Application Procedures: Processing is simplified.  
To apply online, go to [www.rustcollege.edu](http://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 1<sup>st</sup> and Spring by December 1<sup>st</sup>. 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 ..... Yes .....No

In addition, select one or more of the following racial categories to describe yourself:  
..... American Indian or Alaskan .....Black, 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** ..... Yes ..... No **Clergy** ..... Yes ..... No

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:** 1<sup>st</sup> Module ..... 2<sup>nd</sup> Module.....  
**Spring:** 3<sup>rd</sup>Module ..... 4<sup>th</sup> Module.....  
**Summer:** 5<sup>th</sup> Module ..... 6<sup>th</sup> Module .....





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](http://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

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(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](http://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