



# 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 .....

**Associate**

- ..... Early Childhood Education
- ..... Business Administration

**Bachelor of Arts**

- ..... English/Liberal Arts
- ..... Sociology
- ..... Mass Communication /Print Journalism
- ..... 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 FAFSA. 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 services .....I have not reach my 18<sup>th</sup> birthday ..... I was born before 1960 .....I 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. USA .....Country of Citizenship.....

Have you ever been convicted of a felony or do you currently have any felony charges pending against you? ..... Yes .....No

If yes, please explain: .....

Have you ever been dismissed from a secondary or postsecondary institution of higher education for disciplinary reasons? ..... Yes .....No

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](http://www.rustcollege.edu) email: [admissions@rustcollege.edu](mailto:admissions@rustcollege.edu)

The college complies with all applicable laws regarding affirmative action and equal opportunity in all its activities 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](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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Dates Attended \_\_\_\_\_

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 \_\_\_\_\_

Office of Enrollment Services  
Room Reservation Form



Rust College  
150 Rust Avenue  
Holly Springs, MS 38635-0000  
(662) 252-8000, Ext. 4058/4059  
1 (888) 886-8492, Extension  
www.rustcollege.edu

Name: \_\_\_\_\_ Student ID #: \_\_\_\_\_ Male \_\_\_ Female \_\_\_

Address: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Street of P.O. Box City State Zip

Phone Number: \_\_\_\_\_ (Home) \_\_\_\_\_ (Cell or Work)

Social Security #: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent(s) or Guardian(s) \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Street or P.O Box City State Zip

Roommate Preference: \_\_\_\_\_  
\_\_\_\_\_

Applicant Classification: Fr. \_\_\_ So. \_\_\_ Jr. \_\_\_ Sr. \_\_\_ Amount Enclosed: \_\_\_\_\_

\*\*\*\*\*  
All residential students are required to pay a \$50.00 room reservation fee annually to reserve a space in campus housing. This fee must be paid to guarantee campus housing. All students are strongly encouraged to pay this fee as early as possible because of the high demand for campus housing. Spaces fill up quickly, so don't delay!!!

All students residing on campus MUST bring a \$10.00 key deposit upon arrival to Residential Hall.

Students are entitled to a refund, if the request is made prior to August 1, for the Fall semester and December 1, for the Spring semester. A \$15.00 processing fee will be deducted from all room reservation fees. After the above dates, NO REFUND !!!

Rust College's property insurance coverage is not designed to cover the personal effects of students (i.e., stereo and computer equipment, clothes, and other personal items). It is important that students understand that the purchase of property insurance for personal items is their responsibility. We recommend that you contact National Student Services, Inc. (NSSI), for information on student's personal effects property insurance. NSSI offers affordable personal property coverage for purchase by students, and will be pleased to provide coverage. They may be reached at 1(800) 252-6774, or you may apply on line at [www.nssinc.com](http://www.nssinc.com).

\*\*\*\*\*  
Signature \_\_\_\_\_ Date \_\_\_\_\_

Do not write below dotted line

.....  
Date received: \_\_\_\_\_ Signature: \_\_\_\_\_  
Amount Received: \_\_\_\_\_ Residence Hall: Male \_\_\_ or Female \_\_\_

**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)