



GENERAL SCHOLARSHIP
FULL-TIME EMPLOYEE

RETURN THIS FORM TO:
Financial Aid Office
4975 Hwy 51 N
Senatobia, MS 38668
Phone: 662-562-3271
fin_aid@northwestms.edu

Employee's Name _____

Student ID (this is not your Employee ID) #-_____

Per the Policy Manual, Section 4.2.8 Growth and Development, each full-time employee may register for one (1) course per standard semester (Fall, Winter, Spring, and Summer) session(s) at Northwest for the cost of tuition, online fees registration, technology, and parking fee. Mini-terms within a standard semester is considered one (1) course. Employees are responsible for E-book cost.

Northwest students are given first priority when filling classes. Scheduling must be approved by the employee's supervisor. Acceptable academic progress must be shown before approval will be granted to continue in ongoing education programs.

Please indicate your Campus:

- Senatobia Desoto Oxford

Please indicate your Department:

- Academic Instruction - GEN1 (includes Instructors and Dean's Office)
Career Tech Instruction - GEN2 (includes Instructors and Dean's Office)
Auxiliary - GEN3 (includes Cafeteria, Housing, Bookstore, and Post Office)
Instruction Other - GEN4 (includes Evening School, eLearning, Continuing Ed, Dropout Recovery, and Workforce)
Instructional Support - GEN5 (includes Library and Help Desk)
Student Services - GEN6 (includes Registrar's Office, Student Affairs, Counseling, Intramurals, Athletics, Career Center, Recruiting, Financial Aid, and Student Publications)
Institutional Support - GEN7 (includes Educational Affairs, Business Office, HR, Communications, Central Duplicating, PR, Network Support, Data Processing, Police, R&D, WIA, ABE, and Student Support)
Physical Plant - GEN8 (includes Housekeeping, Bus Shop, and Physical Plant)

Please indicate the Semester:

- Fall 20__ Spring 20__ Summer 20__

I hereby certify that I am a full-time employee of Northwest Mississippi Community College. I also certify that I understand the requirements of this scholarship as outlined above.

Employee's Signature _____ Date _____

This form must be submitted to the Financial Aid Office prior to Registration.
It can be faxed to 662-562-3915.