

Anticipated Date(s) of Attendance: Please indicate Semester and Year

Semester and Year	Number of Hours to be Taken
1 st Summer	
2 nd Summer	
Fall	
Spring	

YOU MUST REAPPLY FOR THE PROFESSIONAL DEVELOPMENT SCHOLARSHIP (PDS) EVERY SEMESTER THAT YOU PLAN TO ATTEND.

**PROFESSIONAL DEVELOPMENT SCHOLARSHIP
GRADUATE OFFICE
P O BOX 4029
CLINTON MS 39058**

OFFICE: (601) 925-3225

FAX: (601) 925-3889

NAME _____ DATE _____

ADDRESS _____
Street & Number City State Zip

Email Address: _____

Social Security Number _____

School System where employed: _____

Name of Principal or Superintendent: _____

Is this your first PDS? _____ How did you first learn about PDS? _____

Do you receive tuition assistance from your school system? _____

If so, what amount? _____

Are you beginning/pursuing a Master's or Specialist's degree here at Mississippi College? _____

If yes, what Master's or Specialist's degree? _____

Not seeking a Master's or Specialist's degree just taking courses for "AA" certification? _____

FOR OFFICE USE ONLY
DEGREE _____
DATE APPLICATION RECEIVED _____ DATE APPLICATION SENT TO FINANCIAL AID OFFICE _____