

**THE MISSISSIPPI GOVERNOR'S SCHOOL**  
APPLICATION FOR RESIDENCE HALL ASSISTANT

**RETURN BY MARCH 1:**

The Mississippi Governor's School  
1100 College St., MUW-129  
Columbus, MS 39701-5800

Fax Number: (662) 329-7242  
E-Mail: govschool@muw.edu  
Office: 4<sup>th</sup> Floor, Education Bldg.

NAME \_\_\_\_\_ MAJOR/MINOR \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ AGE AS OF JUNE 1, 2009 \_\_\_\_\_  
Month Day Year

SOCIAL SECURITY NUMBER \_\_\_\_\_ Email Address \_\_\_\_\_

DRIVER'S LICENSE \_\_\_\_\_ T-shirt Size \_\_\_\_\_  
Number State Exp. Date

PERMANENT ADDRESS \_\_\_\_\_  
Street \_\_\_\_\_  
City State Zip

PHONE \_\_\_\_\_ OVERALL QPA (If currently a student) \_\_\_\_\_

UNIVERSITY ATTENDING \_\_\_\_\_

CAREER GOAL \_\_\_\_\_

HOBBIES \_\_\_\_\_

Please circle any extracurricular activities in which you have had experience:

DEBATE

SPORTS (Please specify)

SPEECH

\_\_\_\_\_

STUDENT GOVERNMENT

\_\_\_\_\_

YOUTH LEGISLATURE

\_\_\_\_\_

SCOUTING

CLUBS (Please specify)

VISUAL ART TALENT

\_\_\_\_\_

JOURNALISM

\_\_\_\_\_

PHOTOGRAPHY

\_\_\_\_\_

MUSICAL TALENT

CHURCH RELATED ACTIVITIES (Please specify)

DRAMA

\_\_\_\_\_

LEADERSHIP

\_\_\_\_\_

OTHER (Please specify) \_\_\_\_\_

(CONTINUED ON BACK)

Are you currently certified in CPR? Yes \_\_\_\_\_ No \_\_\_\_\_

**If yes, please send a photocopy of your CPR certification card with this application.**

Describe your experience in working with students of high school age:

Write a brief paragraph about yourself and explain why you would like to be a Residence Hall Assistant for MGS.

If you are employed in any way by MUW during the school year, or if you receive any kind of aid, please explain below. **This is very important as MUW students are sometimes limited in the amount of money for which they qualify and may have already earned the limit.**

Submit with this application **a current resume and one letter of professional recommendation** to The Mississippi Governor's School at the address on the front of this form **(RETURN BY MARCH 1)**.

***\*Please enclose a photocopy of your driver's license with this form.***

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This is to verify that I have read and understand the responsibilities of Residence Hall Assistant for Governor's School at Mississippi University for Women:

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SIGNATURE

DATE