Hinds CONNECTION

Application Form

Name_____
First Last Preferred

Home Address _____

_____
Street, Route, City, State Preferred contact phone number

Email Address_____

Parents' Names_____

High School or last college attended_____

What are you planning on majoring in? _____

High School or College GPA_____ACT Score _____

Hinds Community College ID#_____ Birth Date_____

*List memberships, leadership positions, and honors received in high school and/or college

_____
_____

_____

*Explain why you would like to be considered for Hinds Connection, and what you could contribute to the group._____

_____
_____

*Please attach a current photo

Submit your Hinds Connection Application, two letters of recommendation (teachers, counselors, principals, employers etc.) and transcript to:

If you have any questions, call 601.857.3388

Hinds Connection
Attn Student Recreation
Hinds Community College
PO Box 1100
Raymond, MS 39154