Dear Prospective Student:

We are pleased that you have shown an interest in the Dental Hygiene program at Pearl River Community College. The enclosed application packet contains all the information you will need to successfully apply to the program. Applicants that have completed all academic prerequisites are encouraged to apply by February 1st. The deadline to apply for the August 2018 class is February 23, 2018. Please follow the steps below to ensure that your application is complete.

The following items must be submitted as one (1) complete packet to the Dental Hygiene department prior to February 23, 2018: The completed packet should include all of the following and be mailed to:

Pearl River Community College  
Attn: Dental Hygiene Department  
5448 US Hwy. 49 South  
Hattiesburg, MS 39401

- PRCC Application
- Program Application (included in packet)
- Official high school transcript or GED mailed to the Dental Hygiene Department.
- ACT Score (Phone 319-337-1313 or go online to www.act.org if scores are not included on high school transcripts.)
- Official College transcripts from all colleges attended mailed to the above address from your previous schools.

Note: If college work was completed at PRCC in either Poplarville or Hattiesburg, please indicate this on the PRCC application. Please use the enclosed transfer of records form provided to request for a copy of your record to be sent to the Dental Department.

- Autobiographical Essay (included in packet) - Complete a handwritten autobiographical essay.
- Verification of Observation Hours (included in packet) - Observe a Registered Dental Hygienist a minimum of four (4) hours and have the verification form completed and returned with your application information.
- Course List (included in packet)

Please note: It is the applicant’s responsibility to ensure that all material has been received in the Dental Hygiene Department by the February 23, 2018 (2:00 PM) deadline. ONLY those with a completed application packet on file will be considered.

Thank you for your interest in the Dental Hygiene program at PRCC. If we can provide assistance regarding these materials or the application process, please contact the Dental Hygiene Department at (601) 554-5509.

Sincerely,

Shanalyn H. Allen, D.M.D.
Shanalyn H. Allen, DMD  
Program Director

Revised 09/2017

*Pearl River Community College offers equal education and employment opportunities. We do not discriminate on the basis of race, religion, color, sex, age, national origin, veteran status, or disability. Any person needing to request accommodations, special assistance, or alternate format publication for this event, please contact the ADA Coordinator’s office at 601-403-1660.
The Career
If you are interested in a health career oriented toward preventing disease and helping patients maintain good oral health, dental hygiene may be the career for you.

If you would like:

- the responsibility of direct patient care
- the opportunity to work in pleasant surroundings
- the satisfaction of helping others
- the chance to work with people on an individual basis
- the convenience of flexible work hours
- the opportunity to practice nationwide and abroad; and
- a career with many job opportunities, then dental hygiene may be right for you.

Dental hygiene functions vary somewhat from state to state. Functions routinely performed by dental hygienists in Mississippi include, but are not limited to:

- scaling and polishing teeth
- applying fluoride treatments and dental sealants
- taking and processing x-rays
- examining teeth and surrounding tissues
- screening for hypertension and oral cancer
- educating patients regarding dental diseases, plaque control, and proper home care
- providing dental health education in the community; and
- providing nutritional information and advice.

Dental hygienists can work in private dental offices, dental clinics and hospitals, public health facilities, and product research centers. Hygienists can also work in health education and product sales and marketing. Due to the nature of the profession, dental hygienists may come in contact with blood borne pathogens. The American with Disabilities Act forbids the discrimination against patients with infectious disease. Therefore, students are required to treat all patients assigned regardless of the disease state of the patient. The Pearl River Community College Dental Hygiene Program complies with all institutional, local, state, and federal regulations on blood borne pathogens and infectious diseases, ionizing radiation and hazardous material.

CREDENTIALS
All states require licensure to practice this profession. A license is issued by the State Board of Dental Examiners after successful completion of both clinical and written examination. The National Board of Dental Hygiene Examination must also be passed to qualify for licensure.

ADMISSION
Admission to the dental hygiene program is selective and competitive. It is limited to sixteen (16) students each August. Applications are accepted through February 23rd of each year. Selection is based on a formula with components of ACT score, college GPA (using only those classes needed for admission), and an interview. Not all applicants will be granted an interview.

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Any person needing to request accommodations, special assistance, or alternate format publication for this event, please contact the ADA Coordinator's office at 601-403-1060.
DENTAL HYGIENE CURRICULUM

Pre-requisite Academic Core Curriculum (must pass with a grade of “C” or higher)

<table>
<thead>
<tr>
<th>Course</th>
<th>Title</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>ENG 1113</td>
<td>English Composition</td>
<td>3 hours credit</td>
</tr>
<tr>
<td>ENG 1123</td>
<td>English Composition II</td>
<td>3</td>
</tr>
<tr>
<td>BIO 2923</td>
<td>Microbiology</td>
<td>3</td>
</tr>
<tr>
<td>BIO 2921</td>
<td>Microbiology lab</td>
<td>1</td>
</tr>
<tr>
<td>BIO 1513</td>
<td>Anatomy and Physiology I</td>
<td>3</td>
</tr>
<tr>
<td>BIO 1511</td>
<td>Anatomy and Physiology I lab</td>
<td>1</td>
</tr>
<tr>
<td>BIO 1523</td>
<td>Anatomy and Physiology II</td>
<td>3</td>
</tr>
<tr>
<td>BIO 1521</td>
<td>Anatomy and Physiology II lab</td>
<td>1</td>
</tr>
<tr>
<td>CHE 1314</td>
<td>Chemistry &amp; Lab (Gen. or Principles)</td>
<td>4</td>
</tr>
<tr>
<td>PSY 1513</td>
<td>Psychology</td>
<td>3</td>
</tr>
<tr>
<td>SOC 2113</td>
<td>Sociology</td>
<td>3</td>
</tr>
<tr>
<td>SPT 1113</td>
<td>Oral Communications</td>
<td>3</td>
</tr>
<tr>
<td>HEC 1233</td>
<td>Nutrition</td>
<td>3</td>
</tr>
<tr>
<td>*MAT 1313</td>
<td>College Algebra</td>
<td>3</td>
</tr>
</tbody>
</table>

TOTAL 37 hours credit

Freshman Year

1st Semester

<table>
<thead>
<tr>
<th>Course</th>
<th>Title</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>DHT 1116</td>
<td>Fundamentals of Dental Hygiene</td>
<td>6</td>
</tr>
<tr>
<td>DHT 1222</td>
<td>Head and Neck Anatomy</td>
<td>2</td>
</tr>
<tr>
<td>DHT 1212</td>
<td>Dental Anatomy</td>
<td>2</td>
</tr>
<tr>
<td>DHT 1314</td>
<td>Dental Radiology</td>
<td>4</td>
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<tr>
<td>DHT 1911</td>
<td>Seminar I</td>
<td>1</td>
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</table>

TOTAL 15 hours credit

2nd Semester

<table>
<thead>
<tr>
<th>Course</th>
<th>Title</th>
<th>Credits</th>
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</thead>
<tbody>
<tr>
<td>DHT 1415</td>
<td>Dental Hygiene Clinic I</td>
<td>5</td>
</tr>
<tr>
<td>DHT 1222</td>
<td>Oral Histology and Embryology</td>
<td>2</td>
</tr>
<tr>
<td>DHT 1513</td>
<td>Periodontics</td>
<td>3</td>
</tr>
<tr>
<td>DHT 2612</td>
<td>Dental Materials</td>
<td>2</td>
</tr>
<tr>
<td>DHT 1921</td>
<td>Seminar II</td>
<td>1</td>
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</table>

TOTAL 13 hours credit

Sophomore Year

1st Semester

<table>
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<th>Course</th>
<th>Title</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>DHT 2426</td>
<td>Dental Hygiene Clinic II</td>
<td>6</td>
</tr>
<tr>
<td>DHT 2233</td>
<td>General and Oral Pathology</td>
<td>3</td>
</tr>
<tr>
<td>DHT 2712</td>
<td>Dental Pharmacology</td>
<td>2</td>
</tr>
<tr>
<td>DHT 2911</td>
<td>Seminar III</td>
<td>1</td>
</tr>
</tbody>
</table>

TOTAL 12 hours credit

2nd Semester

<table>
<thead>
<tr>
<th>Course</th>
<th>Title</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>DHT 2436</td>
<td>Dental Hygiene Clinic III</td>
<td>6</td>
</tr>
<tr>
<td>DHT 2813</td>
<td>Community Dental Health</td>
<td>3</td>
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<tr>
<td>DHT 2922</td>
<td>Dental Ethics and Law</td>
<td>2</td>
</tr>
<tr>
<td>DHT 2921</td>
<td>Seminar IV</td>
<td>1</td>
</tr>
</tbody>
</table>

TOTAL 12 hours credit

TOTAL HOURS REQUIRED FOR GRADUATION 89 hours credit
Special Admission Requirements for the
Associate Degree
Dental Hygiene Program

In addition to all of PRCC’s general admission requirements for a technical student, the Dental Hygiene program has specific additional program admission requirements as listed below:

Applicants must have the following documents on file in the Admission’s office to be considered for admission to the program:

- a PRCC application for admission
- an official high school transcript from an accredited high school or GED equivalency score
- college transcripts from previous colleges attended if pre-requisites have been completed
- ACT scores -- may be from the national administration of the test or a PRCC residual. Applicants who took the ACT prior to October, 1989, will have their results converted to the Enhanced ACT score. Example: A score of 15 prior to October, 1989 will convert to an 18 on the Enhanced ACT.
- Proof of residency

Only the courses listed below will be used in computing grade point averages: A & P I and II, Microbiology, Chemistry and Nutrition must have been completed within the last 5 years.

- English Composition I
- English Composition II
- Microbiology and Lab
- Anatomy and Physiology I and Lab
- Anatomy and Physiology II and Lab
- Chemistry and Lab
- Psychology
- Sociology
- Oral Communications
- Nutrition
- College Algebra

- Academic standing of “probation” or “suspension” at other institutions is considered in the evaluation of applicants
- Completion of the Dental Hygiene academic core curriculum is required, but does not guarantee admission to the program.
- Students not selected for admission must reapply before February 27th of the next year.
- Preference in admission will be given to in-state applicants.
- Meeting the minimum requirements listed above does not guarantee any applicant admission to the Dental Hygiene program or an interview.
- Upon acceptance, the applicant must submit a college approved health form and complete CPR training for health care providers with an AED component.
ALL STATEMENTS RELATED TO ADMISSION CRITERIA OR ANNOUNCEMENTS OF PRESENT POLICIES ARE SUBJECT TO REVISIONS

ANY ADVICE GIVEN BY THE DENTAL HYGIENE DEPARTMENT REGARDING COURSEWORK DOES NOT INSURE ACCEPTANCE INTO THE PROGRAM

THERE WILL BE AN INFORMATION SESSION JANUARY 25, 2018 AT 6:00 PM AND ON FEBRUARY 08, 2018 AT 6:00PM IN THE DENTAL HYGIENE DEPARTMENT. THIS IS NOT MANDATORY, BUT WILL BE AN OPPORTUNITY FOR YOU TO TOUR THE FACILITY AND MEET FACULTY AND CURRENT STUDENTS. IF YOU PLAN TO ATTEND, PLEASE CALL 554-5509 AND LEAVE YOUR NAME AND PHONE NUMBER.

ALSO NOTE, IF YOU ARE SELECTED FOR AN INTERVIEW, YOU WILL RECEIVE AN EMAIL CONCERNING DATES AND TIMES OF INTERVIEWS.
### FIRST YEAR:

**First Semester**

<table>
<thead>
<tr>
<th>Item</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuition</td>
<td>1625.00</td>
</tr>
<tr>
<td>Registration Fee</td>
<td>40.00</td>
</tr>
<tr>
<td>Technology Fee</td>
<td>40.00</td>
</tr>
<tr>
<td>Program Fee</td>
<td>500.00</td>
</tr>
<tr>
<td>Parking Permit</td>
<td>20.00</td>
</tr>
</tbody>
</table>
| Uniforms
  | Scrubs (2 sets)                                 | 90.00  |
  | Lab Coats (2)                                   | 50.00  |
  | Clinic Shoes (1 pr.)                            | 60.00  |
| Instruments (2 sets)                            | 700.00 |
| XCP film holder                                 | 200.00 |
| Snap-A- Ray DS                                  | 40.00  |
| Snap-A-Ray (film)                               | 20.00  |
| Hepatitis vaccination and post screening, TB Mantou Test | 200.00 |
| BLS, CPR, and AED training                      | 50.00  |
| Books                                          | 900.00 |
| ADHA (2 year student membership)                | 150.00 |
| Liability Insurance (yearly)                    | 15.00  |
| BP kit, Stethoscope, Misc. Fees                 | 200.00 |
| **TOTAL**                                       | **$4900.00** |

**Second Semester**

<table>
<thead>
<tr>
<th>Item</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuition</td>
<td>1625.00</td>
</tr>
<tr>
<td>Registration Fee</td>
<td>40.00</td>
</tr>
<tr>
<td>Technology Fee</td>
<td>40.00</td>
</tr>
<tr>
<td>Program Fee</td>
<td>500.00</td>
</tr>
<tr>
<td>Books</td>
<td>200.00</td>
</tr>
<tr>
<td>Oraqix Dispenser, Whitening Kit, Misc. Fees</td>
<td>200.00</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>$2605.00</strong></td>
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### SECOND YEAR:

<table>
<thead>
<tr>
<th>Item</th>
<th>Cost</th>
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<tr>
<td>Tuition (2 semesters)</td>
<td>3250.00</td>
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<tr>
<td>Registration Fee (2 semesters)</td>
<td>100.00</td>
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<tr>
<td>Technology Fee (2 semesters)</td>
<td>100.00</td>
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<tr>
<td>Program Fee (2 semesters)</td>
<td>1000.00</td>
</tr>
<tr>
<td>Parking Permit</td>
<td>20.00</td>
</tr>
<tr>
<td>Books</td>
<td>500.00</td>
</tr>
<tr>
<td>Graduation</td>
<td>40.00</td>
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<tr>
<td>National Board DH Exam Fee</td>
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<tr>
<td>ADHEX Exam MS</td>
<td>1200.00</td>
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<tr>
<td>Jurisprudence Exam MS</td>
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<tr>
<td>ADHA (2 year student membership)</td>
<td>0.00</td>
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<tr>
<td>Liability Insurance (yearly)</td>
<td>15.00</td>
</tr>
<tr>
<td>Replacement Instruments, Misc. Fees</td>
<td>300.00</td>
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<tr>
<td><strong>TOTAL</strong></td>
<td><strong>$0.00</strong></td>
</tr>
</tbody>
</table>

**TOTAL FOR TWO YEARS** **$14,460.00**

Any depleted, lost, or broken equipment, instruments, supplies or uniforms will have to be replaced by the student. It is the responsibility of the student to keep track of their instruments. Additional tuition, etc., may be incurred by the student if the student attends summer school to complete core curriculum classes. Each student has the opportunity to participate in fundraising events sponsored by ADHA Student Component.

**ALL FEES ARE SUBJECT TO CHANGE**

<table>
<thead>
<tr>
<th>COURSE NAME</th>
<th>ENROLLMENT</th>
<th>CREDIT HOURS</th>
<th>GRADE OFFICE USE ONLY</th>
<th>QUALITY PTS OFFICE USE ONLY</th>
<th>OFFICE USE ONLY</th>
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<tbody>
<tr>
<td>Example</td>
<td>Fall, 2010</td>
<td>3</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>English Composition I</td>
<td></td>
<td>3</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>English Composition II</td>
<td></td>
<td>3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sociology</td>
<td></td>
<td>3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Psychology</td>
<td></td>
<td>3</td>
<td></td>
<td></td>
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<tr>
<td>Speech</td>
<td></td>
<td>3</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Nutrition</td>
<td></td>
<td>3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Microbiology</td>
<td></td>
<td>3</td>
<td></td>
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</tr>
<tr>
<td>Microbiology Lab</td>
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<td>1</td>
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<tr>
<td>A and P I</td>
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<td>3</td>
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<td>A and P I Lab</td>
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<tr>
<td>A and P II</td>
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<td>3</td>
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<td>A and P II Lab</td>
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<td>Chemistry</td>
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<tr>
<td>Chemistry Lab</td>
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<td>1</td>
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<td></td>
</tr>
<tr>
<td>College Algebra</td>
<td></td>
<td>3</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

IMPORTANT: Your application for admission will be evaluated on the basis of transcripts and courses which you have in progress or plan to take, as indicated above. If you should alter your course of study in any way without notifying the Dental Hygiene Department, the Admissions Committee will not have the correct information, therefore, your acceptance will be affected accordingly. I have read the above statement and will notify the PRCC Dental Hygiene Department of any changes in the above course list.

Signature: __________________________ Date: ____________________
In your own handwriting, write an autobiographical essay. Include examples of your participation in activities (community, service, extracurricular, etc.) and your interests in dental hygiene emphasizing those which would enhance your career as a dental hygienist. Your concise response should be limited to this sheet of paper.

Signature: ___________________________ Date: ___________________________
PEARL RIVER COMMUNITY COLLEGE
Evaluation Scale for Dental Hygiene Technology

Applicant Name ______________________ Date of Application ______________________

*TO BE COMPLETED BY PROGRAM ONLY

<table>
<thead>
<tr>
<th>CRITERIA</th>
<th>VALUE POINTS</th>
<th>TOTAL POINTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 ACT Composite (list actual score) e.g. 20 ACT = 20 points ACT must be 18 or above to be considered for the program</td>
<td>ACT Composite = value points</td>
<td>Points</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>COURSE</th>
<th>GRADE</th>
<th>REPEAT GRADE</th>
<th>POINTS</th>
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<tbody>
<tr>
<td>ENG 1113</td>
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<td></td>
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<tr>
<td>ENG 1123</td>
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</tr>
<tr>
<td>PSY 1513</td>
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<tr>
<td>SPT 1113</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>FCS 1213 (Nutrition)</td>
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</tr>
<tr>
<td>BIO 2923 (Micro)</td>
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<tr>
<td>BIO 2921 (Micro Lab)</td>
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<td>BIO 1511 (A&amp;P I Lab)</td>
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</tr>
<tr>
<td>BIO 1523 (A&amp;P II)</td>
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</tr>
<tr>
<td>BIO 1521 (A&amp;P II Lab)</td>
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<td>CHE 1214</td>
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<tr>
<td>MAT 1313</td>
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</table>

Subtotal ______

<table>
<thead>
<tr>
<th>3 Attendance at Information Session</th>
<th>YES (1 point)</th>
<th>NO (0 points)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>4 Documentation of Observation Hours. A minimum of 4 hours is required to apply to the program.</th>
<th>4 hours = 1 point</th>
<th>8 hours = 3 points</th>
<th>12 hours = 4 points</th>
<th>16 hours = 5 points</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>5 In State Residency</th>
<th>1 point</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>6 Appl. Completed Correctly and submitted on time</th>
<th>1 point</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>7 Essay completed properly (Handwritten and limited to one page)</th>
<th>1 point</th>
</tr>
</thead>
</table>

**GRAND TOTAL OF PRELIMINARY POINTS**

**TOTAL POINTS AWARDED FROM INTERVIEW**

**TOTAL OF PRELIMINARY AND INTERVIEW POINTS**

- Interview applicable to top 40 ranked applicants.
APPLICATION FOR ADMISSION
DENTAL HYGIENE TECHNOLOGY PROGRAM

Date: ____________________  SS #: ____________________

Name:

Last  First  Middle  Maiden

Address: __________________________________________________________

Street

City  State  Zip  County

E-Mail Address: ____________________________  @

*Please Note: Most correspondence from the Dental Hygiene Department will be sent via e-mail.

Phone Number: ____________________________  Day  ____________________________  Evening

Date of Birth: _ / _ / ______

Month  Day  Year

Have you been a resident of Mississippi for the past 12 months: ______ yes  ______ no

Date of Graduation: ________________  Have you taken the ACT? ______ yes  ______ no  ACT Score: ______

Have you attended college: ______ yes  ______ no

If yes, list the colleges and dates attended below:

__________________________________________  Dates Attended

__________________________________________  Dates Attended

__________________________________________  Dates Attended

When do you wish to enter PRCC? ____________________________

Are ALL transcripts and ACT scores on file at PRCC? ______ yes  ______ no

I agree that the above information is true to the best of my knowledge and that deliberate falsification of information will result in denial of admission to PRCC.

Student Signature: ____________________________  Date __________________
VERIFICATION OF OBSERVATION HOURS
FOR
DENTAL HYGIENE PROGRAM

This is to verify that ___________________________ has observed a Registered Dental Hygienist in
the field for a minimum of four (4) hours in partial fulfillment of requirements for the Dental Hygiene Program
at Pearl River Community College.

Comments: ____________________________________________

_____________________________________________________

Name of RDH: (Print) _________________________________

Signature of RDH: ________________________________

Office of: ____________________________

Date: _______________________________
TRANSCRIPT REQUEST FORM FOR PEARL RIVER COMMUNITY COLLEGE

Please complete this form if you are a current student at PRCC or if you have previously been a student at PRCC.

Name: ____________________________
   (Last)    (Maiden)    (First)    (MI)

Social Security Number: __________________________

Which Campus did you attend or currently attend:
   Poplarville: __________ Hattiesburg: __________

Dates that you attended PRCC: __________________________

Program for which you are applying: Dental Hygiene

Student signature: __________________________

Date: __________________________

Please note: Do Not Send This Request Form to the Admissions Office
Mail request to:

Pearl River Community College
Dental Hygiene Department
5448 U.S. Hwy 49 South
Hattiesburg, MS 39401
Pearl River Community College
Financial Aid

All financial aid information and applications can now be obtained online at:

www.prcc.edu

By following these simple steps:

1. Step 1 CLICK ON “STUDENT INFORMATION”
2. Step 2 CLICK ON “FINANCIAL AID”
3. Step 3 CHOOSE THE LINK OR FORM NEEDED

Information Available:

☑ Pell Grant
☑ MTAG
☑ Scholarships
☑ Additional paperwork may be needed to complete file with financial aid department.

SCHOOL CODE: 002430
Out of State Residency is determined by:

• Out of State High School Transcript
  OR
• Out of State College Transcript (even if you have in-state high school transcript)
  AND/OR
• Out of State Address for student and/or parent (if student is under 21 years of age)

How To Prove Your In-State Residency

To be considered an in state resident you must prove that you have a fixed and permanent residence within the boundaries of the state. For the purpose of tuition, you cannot be a resident of more than one state.

If you are over 21, please, present the following to the admissions office on your campus:
1. Mississippi Driver’s License
2. Mississippi Automobile Registration

AND
2 (TWO) or more of the following
1. Proof of home ownership or rent receipts
2. Proof of filing Homestead Exemption
3. Copy of utility bills
4. Mississippi income tax forms or proof of payment
5. Voter registration for Mississippi

If you are under 21, present the above documents on your parents to prove that your parents are Mississippi residents

OR
1. Marriage license

AND the documents listed above for your residence.

**The law allows no exceptions for students below the age of 21 who are independent from their parents unless legally married.

**The listed factors are not the sole factors that PRCC may look to in establishing residence, but they are important in establishing intent to reside within the state.