

ROOM AND BOARD FEE ASSISTANCE APPLICATION

The Mississippi School for
Math and Science Foundation, Inc.

1100 College Street; W-190
Columbus, Mississippi 39701
info@msmsfoundation.com (662)243-0353

Section 1 – Student Information

Student’s Last Name _____ First Name _____ Middle Name _____
Date of Birth (mm/dd/yy) _____ Gender _____ Grade student will enter in August _____

Student Residency Status (check one of the following)
 Mississippi Resident Social Security Number _____
 Eligible noncitizen Alien Registration Number _____
You are an eligible noncitizen if you are:
▪ A permanent U.S. resident with a Permanent Resident Card (I-551) _____
▪ A conditional permanent resident (I-551C) _____

Student Lives with (check one)
 Mother/Guardian
 Father/ Guardian
 Both Mother and Father
 Other

Household Mississippi Adjusted Gross Income (line 18)

Household Size/Annual Income	Household Size/ Annual Income
1 21,775	5 52,559
2 29,471	6 60,255
3 37,167	7 67,951
4 44,863	8 75,647

For each additional family member add \$7,696.

Have you applied for the Waiver?

Section 2 – Parent Information

Who is considered a parent? “Parent” refers to a biological or adoptive parent. Grandparents, foster parents, legal guardians, older siblings, and uncles or aunts are NOT considered parents unless they have legally adopted the student. In case of divorce or separation, give information about the parent the student lived with the most in the last 12 months. If divorced or widowed and you have remarried, also provide information about the stepparent.

Providing Father’s information? You will need:
Father’s/Stepfather’s Social Security Number
Father’s/Stepfather’s name
Father’s/Stepfather’s date of birth
A copy of the completed MS State Tax forms.

Providing Mother’s information? You will need:
Mother’s/Stepmother’s Social Security Number
Mother’s/Stepmother’s name
Mother’s/Stepmother’s date of birth
A copy of the completed MS State Tax forms.

Marital Status:
 Married Divorced # of years divorced _____
 Separated, no court action
 Legally Separated Is there a joint custody agreement? Yes____ No____ # of years separated _____
 Never been married

Income tax filing status for 2014:
 Married, joint return Married, filing separately
 Single Head of household
 Did not file

Parent/Guardian A

Last Name	First Name	MI	Suffix
Date of birth (mm/dd/yy)	Gender	Relationship to student	
Mailing Address			Suite/Apt #
City	Zip/Postal Code	County	
Email	Phone <input type="checkbox"/> home <input type="checkbox"/> work <input type="checkbox"/> cell	Other Phone <input type="checkbox"/> home <input type="checkbox"/> work <input type="checkbox"/> cell	
Occupation	Employer	Years with company	

Parent/Guardian B (fill out address if different from Parent/Guardian A)

Last Name	First Name	MI	Suffix
Date of birth (mm/dd/yy)	Gender	Relationship to student	
Mailing Address			Suite/Apt #
City	Zip/Postal Code	County	
Email	Phone <input type="checkbox"/> home <input type="checkbox"/> work <input type="checkbox"/> cell	Other Phone <input type="checkbox"/> home <input type="checkbox"/> work <input type="checkbox"/> cell	
Occupation	Employer	Years with company	

What was your adjusted gross income on the MS State Tax Form for 2014?

Father/Stepfather	\$ _____	Mother/Stepmother	\$ _____	Guardian/Other	\$ _____
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Non-taxable Income

Child support received for all children	\$ _____
Social security benefits for entire family	\$ _____
Other non-taxable income (complete the next box and enter the total here)	\$ _____

Other Non-taxable Income Worksheet (cont. on page 3)

Payment to tax deferred pension and savings plans as reported on W-2 forms(s). Include amounts withheld from earnings for qualified retirement plans such as 401(K) and 403(b) plans. Do not report amounts entered for untaxed payment to IRS

	\$ _____
Pretax contribution or employer provided untaxed income from fringe benefit plans (cafeteria or 125 plans)	\$ _____
Cash support, gifts, or money paid on your behalf (from relatives or non relatives)	\$ _____
Household expenses and any money paid by separated or divorced spouse in lieu of child support	\$ _____
Housing, food, and other living allowances (excluding rent from low-income housing) paid on your behalf or to you as a member of the military, clergy, or other occupation (including cash payments and cash value of benefits), or contributions to your household income provided by other non-dependent members	\$ _____
Veterans benefits, worker's compensation benefits	\$ _____
Income from tax-exempt investments	\$ _____

Other Non-taxable Income Worksheet (continued from page 2)

Income earned abroad (foreign income exclusion) \$ _____
 Other untaxed income and benefits not included above \$ _____
 Total: \$ _____

Real Estate

Home (if owned) Year purchased _____ Purchased price \$ _____
 Total Property Insurance carried \$ _____ Present Market Value \$ _____
 Unpaid Principal on 1st Mortgage \$ _____ Annual payments on 1st Mortgage \$ _____

Do you have a 2nd Mortgage on the home listed above? Yes No
 Do you have an equity loan on the home listed above? Yes No

If yes, describe the purpose of the second mortgage and/or equity loan at the end of the RBSA.

All other Real Estate (see instructions) Number of locations _____ Total purchase price \$ _____
 Total Property Insurance carried \$ _____ Present Market Value \$ _____
 Unpaid Principal on 1st Mortgage \$ _____ Annual payments on 1nd Mortgage \$ _____

If you rent your family residence, provide total amount of annual rent you paid for _____ and what you estimate for _____.

Transportation

List all family cars (if more than three cars are owned or leased, list additional cars at end of form)

1. Make, model, year _____ Provided by employer/business Own \$ _____ Lease \$ _____
2. Make, model, year _____ Provided by employer/business Own \$ _____ Lease \$ _____
3. Make, model, year _____ Provided by employer/business Own \$ _____ Lease \$ _____

Is one of the family cars for the student attending MSMS? Yes No If yes, which car? _____

List all boats or other recreational vehicles owned or leased

4. Make, model, year _____ Provided by employer/business Own \$ _____ Lease \$ _____
5. Make, model, year _____ Provided by employer/business Own \$ _____ Lease \$ _____

Other Assets:

Bank Accounts – total amount of checking and savings (interest and non-interest bearing accounts) \$ _____
 Investments – net value (stocks, bonds, mutual funds, etc) \$ _____

Other Debts:

Amount to be paid during year 2014
 Consumer Debts \$ _____

Section 4 – Educational Expenses**Education Expenses**

How many children, including student applying are/will receive support from you? _____ Year _____

How many children entered above will be attending full time childcare or tuition charging schools? _____

How much can you afford for educational expenses for the _____ academic year for each student applicant to MSMS?
 (Student Applicant) Amount \$ _____ Amount \$ _____ Amount \$ _____

How much can you afford for educational expenses for the _____ academic year for all students you are supporting?
 (Student Applicant) Amount \$ _____ Amount \$ _____ Amount \$ _____

In the charts listed below please provide information for all children. Enter first and last names. The number of children should be the same as listed under children receiving support from you. List student applicant information first under each question. List all children even those not applying for aid.

Tuition Cost for Children for school year 2014-2015:

Full Name	Age	Grade/ year in school	Name and cost of Current Tuition Based Preschool, School, or College.	List amount from each source used to pay current tuition.				
				Parent/ Guardian	Financial Aid Award	Loan	Student's assets & earnings	Friends, relatives, trust funds, & other sources
				\$	\$	\$	\$	\$
				\$	\$	\$	\$	\$
				\$	\$	\$	\$	\$
				\$	\$	\$	\$	\$

Tuition Cost for Children for school year 2015-2016:

Full Name	Grade/ year in school	Name of Tuition Based Preschool, School, or College.	List amount from each source used to pay the next year's tuition.				
			Parent/ Guardian	Financial Aid Award	Loan	Student's assets & earnings	Friends, relatives, trust funds, & other sources
			\$	\$	\$	\$	\$
			\$	\$	\$	\$	\$
			\$	\$	\$	\$	\$
			\$	\$	\$	\$	\$

Section 5 – Other Expenses

Total medical/dental expenses not reimbursed by insurance companies \$ _____

Total medical/dental insurance plans \$ _____

Unusual expenses (list) _____ \$ _____

Total employment related child care expenses \$ _____

Is there an employee retirement plan for?
 Mother/Stepmother Yes No
 Father/Stepfather Yes No
 Guardian Yes No

Face value of parents' life insurance policies: Type of policy _____ \$ _____

Annual cost of clubs requiring dues over \$250.00 \$ _____

Costs of camps and lessons in 2014 \$ _____

Costs of vacations in 2014 \$ _____

Use this space to explain any unusual circumstances, expenses, or explanations. (Please write clearly.)

Section 6 – Parent Certification and Authorization

We declare that the information reported in this form, to the best of our knowledge and belief is true, correct, and complete. We recognize that intentionally providing false or inaccurate data may impact our ability to receive any financial aid and/or our ability to maintain a contract with the Mississippi School for Math and Science Foundation Inc. We authorize transmittal of this form and the information within to the school and organization. If you do not agree to the above, please do not submit to the MSMS Foundation for financial assistance.

Parent/Guardian _____

Date _____

Parent/Guardian _____

Date _____

DO NOT FORGET TO SUBMIT YOUR STATE TAX RETURNS WITH THE APPLICATION