

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 2022?

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	\$ _____

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 2023:

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 2024:

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 2023 \$ _____

Costs of vacations in 2023 \$ _____

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