

2024-2025 Application for Hardship Waiver Room and Board Fee

(Complete only if you qualify for waiver)

Student's Name	e:				
(Please Print)		Last	First	Middle	
Parent/Guardia	an Name:	_			
Address:					
Email:		Phone:			
Please choose or	ne of the follo	owing options:			
Option 1:	Attach to	this application	a copy of your Family's 2023 Miss	sissippi Resident Income	
_		= =	pendent and a Mississippi Adjusted		
	_	=	ool Lunch Program. (See chart be		
			Ç ,		
Place a chec	ek beside you	ır household size	e below.		
Househ	old size /Anr	ual Income			
1 \$20	6,973 5	\$65,009			
2 \$30	6,482 6				
	5,991 7				
4 \$5	5,500 8	\$93,536			
For each Ad	ditional Fami	ly member add \$	9,509		
Family's 2023 <u>N</u>	and letter sh Aississippi R	owing current el esident Income T	ment in the State's Children's Heal ligibility). Also, attach to this appl fax Return showing the names and a member does not have a social s	ication a copy of your Social Security Number for	
	-		otify school officials during the sch waiver of room and board fees.	ool year of any change in	
with all files and the purposes of	l personal dis determining t	closures restricted he student's eligi	this hardship waiver shall be kept in the defending of the general public bility for the financial hardship was the stitutional purposes.	c and shall be used solely for	
<u> </u>			chool is true and correct. I understa letermine if the student qualifies fo		
Parent/Guardian	signature:		Date	e:	
Please return the	completed f	orm with requir	ed documentation to:		

Executive Director, Mississippi School for Mathematics and Science 1100 College Street, MUW-1627 Columbus, MS 39701 Or email: aelsmore@themsms.org

Application Deadline: Friday, June 28, 2024