

Room and Board Fee Assistance Application

The Mississippi School for
Mathematics and Science
Foundation, Inc.

1100 College Street; W-190
Columbus, Mississippi 39701
info@msmsfoundation.com

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:) <input type="radio"/> Mother/Guardian <input type="radio"/> Father/ Guardian <input type="radio"/> Both Mother and Father <input type="radio"/> Other	Household Mississippi Adjusted Gross Income (line 18) <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Household Size/Annual Income</th> <th style="width: 15%;"></th> <th style="width: 15%;"></th> <th style="width: 15%;"></th> <th style="width: 15%;"></th> <th style="width: 15%;"></th> </tr> </thead> <tbody> <tr> <td>1</td> <td>46,950</td> <td>5</td> <td>112,950</td> <td></td> <td></td> </tr> <tr> <td>2</td> <td>63,450</td> <td>6</td> <td>129,450</td> <td></td> <td></td> </tr> <tr> <td>3</td> <td>79,950</td> <td>7</td> <td>145,950</td> <td></td> <td></td> </tr> <tr> <td>4</td> <td>96,450</td> <td>8</td> <td>162,450</td> <td></td> <td></td> </tr> <tr> <td colspan="6" style="text-align: center;">For each additional family member add \$16,140</td> </tr> </tbody> </table>	Household Size/Annual Income						1	46,950	5	112,950			2	63,450	6	129,450			3	79,950	7	145,950			4	96,450	8	162,450			For each additional family member add \$16,140					
Household Size/Annual Income																																					
1	46,950	5	112,950																																		
2	63,450	6	129,450																																		
3	79,950	7	145,950																																		
4	96,450	8	162,450																																		
For each additional family member add \$16,140																																					

Have you applied for the Hardship 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 form

Marital Status:

<input type="radio"/> Married	<input type="radio"/> Divorced	# of years divorced _____
<input type="radio"/> Separated, no court action		
<input type="radio"/> Legally Separated	Is there a joint custody agreement? Yes____ No____	# of years separated _____
<input type="radio"/> Never been married		

Income tax filing status for 2024:

<input type="radio"/> Married, joint return	<input type="radio"/> Married, filing separately	
<input type="radio"/> Single	<input type="radio"/> Head of Household	<input type="radio"/> Did not file

Application is due by Monday, June 30, 2025

Room and Board Fee Assistance Application

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 2024?

Father/Stepfather	\$		Mother/Stepmother	\$		Guardian/Other	\$	
-------------------	----	--	-------------------	----	--	----------------	----	--

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 \$ _____

Application is due by Monday, June 30, 2025

Room and Board Fee Assistance Application

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

Income earned abroad (foreign income exclusion) \$ _____

Other untaxed income and benefits not included above \$ _____

Total: \$ _____

Section 3 – 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 2025:

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 2026:

Full Name	Grade/ year in school	Name of Tuition <u>Based</u> Preschool, School, or College.	List <u>amount</u> 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
			\$	\$	\$	\$	\$
			\$	\$	\$	\$	\$
			\$	\$	\$	\$	\$
			\$	\$	\$	\$	\$

Application is due by Monday, June 30, 2025

Room and Board Fee Assistance Application

Section 4 – 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	\$ _____

Use this space to explain any unusual circumstances, expenses, or explanations.

Section 5 – 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

Application is due by Monday, June 30, 2025