

## 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
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Date of Birth (mm/dd/yy)	Gender	Grade student will enter in August
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Student Residency Status (check one of the following)

Mississippi Resident

Eligible noncitizen

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)

Social Security Number \_\_\_\_\_

Alien Registration Number \_\_\_\_\_

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	47,880	5 116,040
2	64,920	6 133,080
3	81,960	7 150,120
4	99,000	8 167,160

For each additional family member add \$17,040.

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 2025:

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 2025?

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 \$ \_\_\_\_\_

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 2026:

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 2027:

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 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. (Please write clearly.)

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**