



**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 2016?**

Father/Stepfather	\$ <input type="text"/>	Mother/Stepmother	\$ <input type="text"/>	Guardian/Other	\$ <input type="text"/>
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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 1<sup>st</sup> Mortgage \$ \_\_\_\_\_ Annual payments on 1<sup>st</sup> Mortgage \$ \_\_\_\_\_

Do you have a 2<sup>nd</sup> 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 1<sup>st</sup> Mortgage \$ \_\_\_\_\_ Annual payments on 1<sup>nd</sup> 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 2017

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 2016-2017:**

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 2017-2018:**

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 2016 \$ \_\_\_\_\_

Costs of vacations in 2016 \$ \_\_\_\_\_

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**