Applicant's Name: _____ Contact Phone: _____

2018 MSMS Summer Camp Application for Financial Assistance

STUDENT INFORMATION

First Name:_____ Last Name: _____ Middle Initial:_____

Street Address: _____ Apartment/Unit Number: _____

Mailing Address (if different): _____

City:_____ State:_____ Zip Code:_____ County:_____

Are you a Mississippi Resident? ☐ Yes ☐ No Are you a U.S. Citizen? ☐ Yes ☐ No

Ethnicity: ☐ Hispanic/Latino ☐ Am. Indian/Alaskan Native ☐ Asian ☐ Native Hawaiian/Pacific Islander
☐ Black/African Am. ☐ White ☐ Two or more Races

Gender: ☐ Male Current School: _____
☐ Female This is a ☐ Public School ☐ Private School ☐ Parochial School ☐ Home School

If you participated in a school gifted program, who was your teacher? _____

PARENTAL INFORMATION

Parent's/Guardian's Name: _____ Cell #: _____

Primary Phone: _____ E-Mail Address: _____

My child is on the state C.H.I.P.S. Program or is eligible for Free or Reduced Lunch at his/her home school.

☐ Yes ☐ No

My family's 2016 adjusted gross income was _____.
(Please attach a copy of the first page of your state OR federal 2016 tax return showing the number and names of dependents and adjusted gross income (line 13 on state form or line 21 on U.S. Individual Tax Return 1040.)

Although you are requesting financial assistance, please realize that scholarship funds are limited and preference will be given to first time recipients. We are asking all attendees to pay something. The $50 registration fee will not be covered by a scholarship except in the most extreme cases. Please indicate your situation below.

☐ I am unable to provide anything more than the $50 registration fee.
☐ I can pay a maximum of _____ for my child to attend this program.

- **I certify that all information given within this application is true and accurate.**
- **If admitted to the MSMS Summer Enrichment Programs, I agree to adhere to the rules and regulations now in existence and those that may be established in the future.**
- **I hereby request that all school data in support of this application be at the disposal of MSMS officials. Pursuant to the Family Education and Privacy Act of 1974, we, the undersigned student and parent, waive access to confidential recommendations.**

Applicant's Signature: _____ Date:_____

Parent/Guardian Signature: _____ Date: _____