



My child will be a __Junior __Senior

2018-2019 Application for Hardship Waiver Room and Board Fee

(Complete only if you qualify for waiver)

Student's Name: _____
(Please Print) Last First Middle

Parent/Guardian Name: _____

Address: _____

Email: _____ Phone: _____

Please choose one of the following options:

_____ **Option 1:** Attach to this application a copy of your Family's 2017 Mississippi Resident Income Tax Return showing the student listed as a dependent and a Mississippi Adjusted Gross Income at a level that would qualify the student for the National School Lunch Program. (See chart below)

Place a check beside your household size below.

Household size /Annual Income

- | | |
|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> 1 \$22,459 | <input type="checkbox"/> 5 \$54,427 |
| <input type="checkbox"/> 2 \$30,451 | <input type="checkbox"/> 6 \$62,419 |
| <input type="checkbox"/> 3 \$38,443 | <input type="checkbox"/> 7 \$70,411 |
| <input type="checkbox"/> 4 \$46,435 | <input type="checkbox"/> 8 \$78,403 |

For each Additional Family member add \$7,992

_____ **Option 2:** Proof of Current Enrollment in the State's Children's Health Insurance Program (attach a copy of card). The original will be required at registration. Attach to this application a copy of your Family's 2017 Mississippi Resident Income Tax Return showing the names and Social Security Number for each member of the household or indicate that a member does not have a social security number.

Households receiving a waiver of fees must notify school officials during the school year of any change in income that would disqualify the student from waiver of room and board fees.

The information provided in compliance with this hardship waiver shall be kept in the strictest of confidence with all files and personal disclosures restricted from review by the general public and shall be used solely for the purposes of determining the student's eligibility for the financial hardship waiver of fees. Aggregate (non-personally identifiable) data may be used for institutional purposes.

I certify that all information furnished to the school is true and correct. I understand that information may be verified at any time during the school year to determine if the student qualifies for the waiver.

Parent/Guardian signature: _____ Date: _____

Please return the completed form **with required documentation** to:

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

Application Deadline: Friday, June 8, 2018

Important Note: Information provided on this form is correct as of May 8, 2018. Requirements for the Hardship Waiver could change by State Department of Education Policy, Act of the Mississippi Legislature, change in the National School Lunch Program, or change in the Mississippi Children's Health Insurance Program