

Dependents

<u>Name</u>	<u>Relationship</u>	<u>Age</u>	<u>Name of School</u>	<u>Grade</u>	<u>Tuition paid</u>
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NOTE: A photocopy of parent's/guardian's 2004 income tax return must accompany this application.

Please explain any unusual circumstances that might affect your ability to help pay for the program.
Attach additional page(s) if necessary. *Must complete in order to be considered for financial aid through the Office of Summer School.*

Certification

I (we) certify that the information furnished in this statement is complete and correct to the best of my (our) knowledge.

Signature of parent or guardian: _____ Date: _____

Signature of parent or guardian: _____ Date: _____

If you have questions, please call The University of Mississippi Office of Summer School at 662-915-7621.