



FINANCIAL AID APPLICATION

The Office of Pre-College Programs works hard to support motivated students with demonstrated financial need. The Financial Aid Committee awards scholarships as generously and equitably as possible; however, funding for financial aid is limited and the demand is great. Awards are based on **financial need, evidence of outstanding character, and academic accomplishments**. A typical financial aid award covers only a portion of the program fee.

POLICY

- Financial aid is a scholarship award. It does **not** have to be paid back.
- Only permanent Mississippi residents are eligible for Pre-College Financial Aid. *(except for Summer College Programs)*
- Only accepted and/or registered students for our program(s) are considered for financial aid.
- Financial aid is awarded on a first-come, first-served basis.
- Financial aid will be awarded based on demonstrated financial need.* *(*Does not apply to CREATE Foundation / Toyota Wellspring funding)*

In order for this application to be considered, two (2) things must accompany the completed information below:

- Legal guardian's most recent tax return showing adjusted gross income *(For security purposes, please black out all social security numbers)*
- A writing sample from the student explaining the student's achievements and desire to attend the program *(one full page – Summer College ONLY)*

STUDENT INFORMATION		
Student's Name <i>(First / Middle / Last)</i>	Date of Birth <i>(mm/dd/yyyy)</i>	Gender
Email	Phone	Grade Level Entering in the Fall <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12
School	School Type <input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Homeschool	School District
PARENT/LEGAL GUARDIAN INFORMATION		
Custodial Parent/Legal Guardian's Name	Phone	Email
Home Address, City, State, Zip Code		County of Residence
Is this parent / guardian (or spouse) a faculty/staff member at the University of Mississippi? <input type="checkbox"/> Yes <input type="checkbox"/> No		Name of UM faculty/staff member (if not listed above)
HOUSEHOLD QUESTIONS AND INCOME INFORMATION		
1. How many people are currently living in your household? <i>Please include yourself, your sibling(s), and your parent(s).</i>		
2. Have either of your parents ever graduated from a four-year university?		<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Adjusted gross income: <i>If a current year federal tax return has not yet been, or will not be filed, please list total income received from work (including self-employment) per your current year W2 and/or 1099 form(s) and your household records. Unemployment benefits should be included if applicable. If no income was earned, enter zero. For losses enter a negative number.</i>		\$
PROGRAM/CAMP INFORMATION		
Choose the program or camp that you wish to apply for financial aid. <i>Programs listed below do not indicate funding and/or program availability.</i>		
<input type="checkbox"/> Summer College <input type="checkbox"/> Rebel Quest <input type="checkbox"/> Ecology Day Camp <input type="checkbox"/> Makers and Mechanisms <input type="checkbox"/> High School (9-12) Workshop (list program and session below) <input type="checkbox"/> Middle School (6-8) Camp (list program and session below)		
Program/Camp you plan to attend:		Session / Week / Starting Date
CONSENT TO THE RELEASE OF INFORMATION		
<p>We report to donors of our financial aid funds and they enjoy hearing of the activities, college plans, and career goals of recipients of their funds. We need your permission to release this information to them and to donors of outside awards you may be receiving. Pursuant to Section 438 (b) (1) and (2) of the Family and Educational Rights and Privacy Act of 1974 (FERPA), I hereby give my consent to the Office of Pre-College Programs for the release only to donors of financial aid funds of which I am a recipient, or potential recipient of the following: a) grades; b) biographical and extracurricular information as stated in my application; c) information from the recommendation forms and writing sample filed in connection with my application; d) amount of aid received from all sources. This consent will remain in effect during my enrollment in the program and for ten months thereafter.</p> <p>We have read the "Consent to the Release of Information" and agree to its terms and conditions. We certify that the information on this form is true and complete to the best of our knowledge.</p>		
Parent or Legal Guardian's Signature: _____		Date: _____
Student's Signature: _____		Date: _____
<p><i>The University of Mississippi does not unlawfully discriminate on the basis of race, color, gender, sex, sexual orientation, gender identity or expression, religion, national origin, age, disability, veteran status, or genetic information.</i></p>		