



# THE MISSISSIPPI SCHOOL FOR MATHEMATICS & SCIENCE

1100 COLLEGE STREET MUW-1627 COLUMBUS, MISSISSIPPI 39701-5800

MAIN OFFICE (662) 329-7360  
OR 800-400-4656  
ADMISSIONS 800-553-6459  
FAX (662) 329-7205

## Application for Hardship Waiver Room and Board Fee

Student's Name \_\_\_\_\_

Last

First

Middle

Please choose one of the following options if you wish to apply for a hardship waiver of the room and board fees.

\_\_\_\_\_ Option 1: Attach to this application a copy of your Family's 2010 Mississippi Resident Income Tax Return (Page 1 and 2) showing the student listed as a dependent and a Mississippi Adjusted Gross Income (line 18) at a level that would qualify the student for the National School Lunch Program.

<u>Household size / Annual Income</u>		<u>Household size / Annual Income</u>	
1	\$20,147	5	48,415
2	27,214	6	55,482
3	34,281	7	62,549
4	41,348	8	69,616

For each Additional Family member add \$7,067

\_\_\_\_\_ Option 2: Proof of 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 2010 Mississippi Resident Income Tax Return (Page 1 and 2) 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.

Application Deadline: June 1, 2011

2011-2012

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

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\*Information provided on this form is correct as of March 2, 2011. 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.

Please return the completed form with required documentation to:

Charles Brown  
MSMS  
1100 College Street MUW-1627  
Columbus, MS 39701

**Application Deadline: June 1, 2011**