2017 M-NASR FINANCIAL AID APPLICATION

In order for this application to be processed – the form must be completed in its entirety.
Please read the Financial Aid Policy and Application Instructions.

Name of participant (printed): _____ Age: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Email: _____

By signing this, I certify that the information I am providing M-NASR is accurate. This information is presented to qualify for a scholarship, in the form of reduced fees. I affirm that the presented material represents the applicant's household's total annual income. Any changes to financial status will be reported to M-NASR.

Signature of person legally financially responsible for applicant: _____

Financial Aid donors require M-NASR reports race, ethnicity and head of household information.
Please check below that which applies to applicant's race

White ☐ Black/African American ☐ Asian ☐ Asian & White ☐
American Indian/Alaskan Native & White ☐ Native Hawaiian/Other Pacific Islander ☐
Black/African American & White ☐ American Indian/Alaskan Native & Black ☐
American Indian/Alaskan Native ☐ Other Multi Racial ☐

Is the applicant Hispanic or Latino? Yes _____ No _____
Is the household female-headed? Yes _____ No _____

Applicant household's total annual income: $_____

Number of people living in the house hold: #_____

Person to contact should we have questions on this application: _____

Person's relationship to participant: _____ Phone: _____

Email address or other contact information: _____

----------**OFFICE USE ONLY** ----------

Program	Season	Program Fee	Award	Balance