2019 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: _____

In which township do you reside? Maine ☐ Niles ☐ Other ☐

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 or African American ☐ American Indian or Alaskan Native ☐
Asian ☐ Native Hawaiian or Other Pacific Islander ☐ Mixed Race ☐

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	Total Scholarship