

FAMILY CIRCUMSTANCES FORM

In compliance with the State Board of Education policy governing the payment of room and board, please complete the form below and attach it to the Financial Hardship Application or the Scholarship Application form. All information provided in this application will be kept in strict confidence.

Student Name: _____ Date: _____
Please print clearly.

Parent/Guardian Name: _____
Please print clearly.

In the space provided below, please describe family circumstances that confirm that your child needs a financial hardship waiver (or scholarship) in relation to the payment of room and board at the Mississippi School of the Arts. **PLEASE PRINT CLEARLY.**

List below the full names, age, and social security numbers of all household residents. **PLEASE PRINT CLEARLY.**

	Legal Name	Age	Social Security #
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____
11.	_____	_____	_____
12.	_____	_____	_____

Application Deadline: June 1