

## **STUDENT APPLICATION FOR FINANCIAL ASSISTANCE** **(MSAA) MANHASSET STUDENT AID ASSOCIATION GRANTS**

The mission of the Manhasset Student Aid Association (MSAA) is to provide financial assistance for high school seniors and graduates residing in Manhasset who have exhausted all other means of assistance and still require aid.

In order to receive financial assistance from MSAA for the purpose of continuing formal education, a student must:

- Be a resident of Manhasset School District #6, Town of North Hempstead, New York
- Have graduated from high school or obtained a GED, and displayed academic accomplishments that are consistent with his or her ability
- Have demonstrated financial need and provided evidence that other sources of financial aid have been explored
- Be of good character as revealed in school and in the community
- Have a sense of serious purpose and responsibility and show promise of success in the school to which he or she will be attending

Please submit **all** of the following in order for your application to be considered:

- A fully completed application form with all required documentation by May 15<sup>th</sup>
- A copy of the Financial Aid letter from the institution you will be attending in the upcoming school year
- A copy of your SAR (Student Aid Report) based on your FAFSA submission

### **MSAA Application**

PO Box 255

Manhasset, NY 11030

[msaaselection@gmail.com](mailto:msaaselection@gmail.com)

Application Date: \_\_\_\_\_

Legal Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell #: \_\_\_\_\_

Permanent Email (not your school email): \_\_\_\_\_

Social Security #: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ High School: \_\_\_\_\_

Date of HS Graduation: \_\_\_\_\_ GPA: \_\_\_\_\_ Manhasset Resident: Y N

School You Plan to Attend: \_\_\_\_\_ Student ID#: \_\_\_\_\_

School Bursar's Address: \_\_\_\_\_

What are your career objectives? \_\_\_\_\_

\_\_\_\_\_

**Returning applicants MUST include a copy of your college transcript**

### **Work & Volunteer Experience**

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Organization Name, City & State: \_\_\_\_\_

Hours per Week: \_\_\_\_\_ Weekly Income: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Organization Name, City & State: \_\_\_\_\_

Hours per Week: \_\_\_\_\_ Weekly Income: \_\_\_\_\_

### **Financial Aid, Grant & Loan Information**

Did you complete/submit a CSS Profile? \_\_\_\_ Are you applying for Excelsior Scholarship? \_\_\_\_

Please provide all sources & \$ amounts of financial aid:

College Grant \$ \_\_\_\_\_ TAP (NY Tuition Assistance Program) \$ \_\_\_\_\_

FSEOG (Federal Supplemental Educational Opportunity Grant) \$ \_\_\_\_\_

PELL Grant \$ \_\_\_\_\_ Other Grant 1 \$ \_\_\_\_\_ Other Grant 2 \$ \_\_\_\_\_

Subsidized Stafford Loan \$ \_\_\_\_\_ Un-Subsidized Stafford Loan \$ \_\_\_\_\_

Guaranteed Student Loan Program (Bank Loan) \$ \_\_\_\_\_

NYHEAC (NY Higher Ed Assist Program) \$ \_\_\_\_\_ College Work/Study \$ \_\_\_\_\_

Please specify all other sources of aid not detailed above: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **Estimated Expenses**

Tuition \$ \_\_\_\_\_ Room \$ \_\_\_\_\_ Board \$ \_\_\_\_\_ Books \$ \_\_\_\_\_ Travel Expenses \$ \_\_\_\_\_ Other Fees \$ \_\_\_\_\_

### **Estimated Other Funding**

Family/Relatives \$ \_\_\_\_\_ Student Savings \$ \_\_\_\_\_ Summer Job \$ \_\_\_\_\_

Grants/Scholarships \$ \_\_\_\_\_ Educational Loans \$ \_\_\_\_\_

TOTAL EXPENSES: \$ \_\_\_\_\_ TOTAL RESOURCES: \$ \_\_\_\_\_

I HEREBY CERTIFY THAT THE INFORMATION SUBMITTED HERewith IS ACCURATE & CORRECT.

STUDENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINT STUDENT NAME: \_\_\_\_\_

**Parent/Guardian Information**  
**Father/Mother/Guardian/Non-Custodial Parent (if applicable)**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Cell #: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

**Dependent Children (other than applicant)**

Age: \_\_\_\_\_ School, Grade or Occupation: \_\_\_\_\_

Age: \_\_\_\_\_ School, Grade or Occupation: \_\_\_\_\_

Age: \_\_\_\_\_ School, Grade or Occupation: \_\_\_\_\_

Age: \_\_\_\_\_ School, Grade or Occupation: \_\_\_\_\_

Other dependents (please explain): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Rent or Own Home: \_\_\_\_\_ If Rent (monthly rent): \_\_\_\_\_ If Own (market value): \_\_\_\_\_

List any other properties & market values: \_\_\_\_\_

\_\_\_\_\_

IRS Adjusted Gross Income: \_\_\_\_\_ Other Income: \_\_\_\_\_

Total Debts (other than mortgage) \_\_\_\_\_

Amount Non-Custodial Parent is required to contribute towards applicant's education? \_\_\_\_\_

From SAR report, what is your EFC?: \_\_\_\_\_

I HEREBY CERTIFY THAT THE INFORMATION SUBMITTED HERewith IS ACCURATE & CORRECT. I AGREE TO PROVIDE ANY OFFICIAL DOCUMENTATION NECESSARY TO VERIFY THE ABOVE INFORMATION. THE MSAA SELECTION COMMITTEE HAS MY AUTHORIZATION AND CONSENT TO MEET WITH REPRESENTATIVES OF MY HIGH SCHOOL'S GUIDANCE OFFICE TO DISCUSS AND REVIEW THIS APPLICATION, PROVIDE TRANSCRIPTS AND RECOMMENDATIONS FOR THE APPLICANT.

Parent/Guardian Signatures: \_\_\_\_\_

**PERSONAL STATEMENT:** Please feel free to explain here (or attach a separate sheet) to briefly explain any other circumstances that may have a bearing on the applicant's need for financial assistance:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please note: a non-custodial parent may copy and submit page 3 separately**