

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 June 13th
- 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

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 SAI (Student Aid Index)?: _____

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