

MASS Program

Financial Disclosure Form

Last Name First Name MI

Permanent Street Address

City State Zip

Telephone Number Email Address

University Currently Attending

Directions: To be completed by Financial Aid Officer if applicable.

Do you plan to apply for any type of financial student aid for the fall 2018 semester?

_____ Yes _____ No

TUITION:	
Semester Tuition Rate	\$
Financial Assistance you receive towards tuition	(per semester)
Name of Scholarship	
1.	\$
2.	\$
3.	\$
4.	\$
Name of Grant	
1.	\$
2.	\$
3.	\$
Other	
1.	\$
2.	\$
3.	\$

ROOM AND BOARD:	
Semester Room Cost	\$
Financial Assistance you receive towards room (per semester)	\$
Semester Meal Cost	\$
Financial Assistance you receive towards meals (per semester)	\$
You live at home and do not incur room and board expenses	___ Yes
FEES:	
Financial Assistance you receive towards fees	
Name of Mandatory Fees	
1.	\$
2.	\$
3.	\$
4.	\$
5.	\$
OTHER EXPENSES:	
1.	\$
2.	\$
3.	\$

Please complete the following Financial Aid Officer information:

Last Name

First Name

Street Address

City

State

Zip

Telephone Number

Email Address

Signature

Student's Signature