

Family Member

Biological Parent 1 Biological Parent 2 Stepparent 1 Stepparent 2

MAT FINANCIAL AID 2021-22 INSTITUTIONAL AID APPLICATION

STUDENT NAME (Last, Fi	rst Middle)		I	DATE OF BIRTH	
B. HEALT	H INSURANCE				
nd Purchasing Services is	ically charged the full year Student Health Insur the office that posts this charge. If you will be or vaiver available on the Office of Insurance site as below:	covered under another p	plan fron	n July 2020- August 2021,	please complete the
Plan to enroll in the	Brown University student health insurance plan	n			
Coverage by parent	s' health insurance plan				
Individual outside of	overage and cost				
Do you authorize the Ot	Fixed of Financial Aid to discuss your financial at Yes Please provide the name(s) of the person(s) with	No			
AUTI	HORIZED PERSON(S)	S7	TUDENT :	SIGNATURE	DATE
D. STUDE	NT HOUSEHOLD INFORMATION	N			
This section helps us	understand your present-day household, a	as the student and any	depend	ent(s) you may have.	
Individual	Name	Age		Occupation/School	ol
Self					
Spouse					
Dependent 1					
Dependent 2					
Dependent 3					
E. PARENT I	HOUSEHOLD INFORMATION	,			
This section helps u	s understand you and your biological parer inancial and emotional support is neces				rent(s)
Family Member	Name	Ag	2	Current Marital Status	Which parent(s) information did

If the above biological parents did not file a joint return, please provide second parent 2018 returns.

Name

reported on FAFSA

you report on the FAFSA?

Age



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F. PARENTAL ASSISTANCE AND FAMILY ASSETS Will you live with a parent(s) while attending MAT, during the 2020-21 academic year as a commuting student? No Will a parent(s) or other relative(s) provide you with any financial assistance during the 2020-21 academic year? No If you answered "Yes" to either question, please enter the approximate amount of assistance: Do **you** own property that is your primary residence? No If you answered yes, please provide the following information regarding your primary home: Year of Purchase: _____ Purchase Price: \$_____ Current Market Value \$_____ Current Debt/Mortgage: \$_____ Do **your parent(s)** own property that is their primary residence? No Yes If you answered yes, please provide the following information regarding their primary home: Year of Purchase: _____ Purchase Price: \$_____ Current Market Value \$___ Current Debt/Mortgage: \$_____ G. COLLEGE ENROLLMENT Please indicate each sibling living in your parents' household(s) and, provide information for those enrolled in college or graduate school and will matriculate in Fall 2020. Family enrollment status will be verified each fall. Name of School/College student will 2020-21 Family member Name Estimated Type of Age attend 2020-2021 year Program Enrollment Graduation Date Status Sibling 1 Sibling 2 Sibling 3 Sibling 4 H. CERTIFICATION I certify that the information reported on this form is true and accurate as of the date below: Student's Signature: ______ Date: _____