

MAT FINANCIAL AID 2021-22 INSTITUTIONAL AID APPLICATION

A. STUDENT (& FAMILY) INFORMATION

STUDENT NAME (Last, First Middle)

DATE OF BIRTH

B. HEALTH INSURANCE

MAT students are automatically charged the full year Student Health Insurance Plan (SHIP) in the summer and fall semesters. The Office of Insurance and Purchasing Services is the office that posts this charge. If you will be covered under **another plan** from July 2021- August 2022, please complete the required health insurance **waiver** available on the Office of Insurance site online prior to the fall semester to deduct this from your account. Please share your health enrollment plans below:

Plan to enroll in the Brown University student health insurance plan

Coverage by parents' health insurance plan

Individual outside coverage and cost

C. AUTHORIZATION TO RELEASE

Do you authorize the Office of Financial Aid to discuss your financial aid package and student account with your parents(s) or other persons?

No

If you answered "Yes", please provide the name(s) of the person(s) with whom you authorize us to speak to and your relation to them:

Yes

AUTHORIZED PERSON(S)

STUDENT SIGNATURE

DATE

D. STUDENT HOUSEHOLD INFORMATION

This section helps us understand your present-day household, as the student and any dependent(s) you may have.

Individual	Name	Age	Occupation/School
Self			
Spouse			
Dependent 1			
Dependent 2			
Dependent 3			

E. PARENT HOUSEHOLD INFORMATION

This section helps us understand you and your biological parents' household information. Understanding which parent(s) gives you the **most financial and emotional support** is necessary for determining financial need.

Family Member	Name	Age	Current Marital Status reported on FAFSA	Which parent(s) information did you report on the FAFSA?
Biological Parent 1				
Biological Parent 2				
Stepparent 1				
Stepparent 2				

If the above biological parents did not file a joint return, please provide second parent 2019 returns.



MAT FINANCIAL AID 2021-22 INSTITUTIONAL AID APPLICATION

F. PARENTAL ASSISTANCE AND FAMILY ASSETS				
Will you live with a parent(s) while attending MAT, during the 2021-22 academic year as	s a commuting student?	Yes	No	
Will a parent(s) or other relative(s) provide you with any financial assistance during the 2	021-22 academic year?	Yes	No	
If you answered "Yes" to either question, please enter the approximate amount of a	ssistance:			
Do you own property that is your primary residence? Yes No				
If you answered yes, please provide the following information regarding your primary home:				
Year of Purchase: Purchase Price: \$ C	Current Market Value \$		_	
Current Debt/Mortgage: \$				
Do your parent(s) own property that is their primary residence? Yes	No			
If you answered yes, please provide the following information regarding their primary home:				
Year of Purchase: Purchase Price: \$ O	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 2021. Family enrollment status will be verified each fall.

Family member	Name	Age	Name of School/College student will attend 2021-2022 year	Estimated Graduation Date	Type of Program	2021-22 Enrollment Status
Sibling 1						
Sibling 2						
Sibling 3						
Sibling 4						

H. CERTIFICATION