



**A. STUDENT (& FAMILY) INFORMATION**

STUDENT NAME ( <i>Last, First Middle</i> )	DATE OF BIRTH
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**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 2020- August 2021, 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?

Yes                      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:

\_\_\_\_\_

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
<i>Self</i>			
<i>Spouse</i>			
<i>Dependent 1</i>			
<i>Dependent 2</i>			
<i>Dependent 3</i>			

**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?
<i>Biological Parent 1</i>				
<i>Biological Parent 2</i>				
<i>Stepparent 1</i>				
<i>Stepparent 2</i>				

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



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? Yes No

Will a parent(s) or other relative(s) provide you with any financial assistance during the 2020-21 academic year? Yes No

If you answered "Yes" to either question, please enter the approximate amount of assistance: \_\_\_\_\_

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: \$ \_\_\_\_\_ 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: \$ \_\_\_\_\_ 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.

Family member	Name	Age	Name of School/College student will attend 2020-2021 year	Estimated Graduation Date	Type of Program	2020-21 Enrollment Status
<i>Sibling 1</i>						
<i>Sibling 2</i>						
<i>Sibling 3</i>						
<i>Sibling 4</i>						

H. CERTIFICATION

I certify that the information reported on this form is true and accurate as of the date below:

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_