

Disability Services 4400 University Drive, MSN 5C9 Student Union Building 1, Suite 2500 Fairfax, VA 22030 Phone: (703) 993-2474 Fax: (703) 993-4306 Email: masi@gmu.edu

# Mason Autism Support Initiative (MASI)

## MASI Scholarship - 2023-2024 Academic Year

MASI has the opportunity to award two new applicants with a scholarship to cover all fees associated with the MASI program for two years. To be considered for the scholarship, please complete the following application and essay. By completing this application, you give consent to have information reviewed by MASI/Disability Services staff. Information disclosed will be kept confidential.

The MASI Scholarship covers the entirety of the program fees, including the deposit. If a student is offered and accepts the MASI scholarship, students agree to fully engage and participate the program. Failure to fully adhere to the expectations, may result in the scholarship being revoked.

Applications will not be reviewed until the MASI admissions process is completed and the student selection process is finalized. Admission into the program is not impacted by a student's financial need. Students will be notified if they are receiving financial assistance prior to the MASI decision deadline. Applications must be received by April 21, 2023. Decisions will be made by May 12, 2023.

## **Student Demographic Information:**

Name: Age:	G#: Gender Identity:	Date of Birth:
Student Cell Phone:	Parent/Guard	ian Cell Phone:
Student Email:	Parent/Guard	ian Email:

### **Family Size**

Please indicate the number of individuals that permanently reside in your home.

How many of those individuals are currently enrolled in a college or university?

Income
Parent(s)/Guardian(s) total income earned in 2022: \$
Student's total income earned in 2022: \$
*Total amount of other sources of financial support (financial aid, cash, savings, relatives, etc.) received in 2022: Source Amount \$ Source Amount \$ Source Amount \$ *If additional lines are needed please indicate on the back of this sheet.
Assets: Please check the box below if you or your family:
□Own your home
$\Box$ Own other real estate
□Own a business or corporation
Expenditures:   Please list all current expenses that you and your family pay per month:   Rent or Mortgage: \$   Utilities (heat, water, trash, electric, etc.): \$   Groceries (on average): \$   Transportation (car payment, insurance, public transit, etc.): \$   Other expenses currently paid per month (credit cards, cell phone, other bills, medical expenses, etc.):
Type: Amount: \$
Type: Amount: \$ Type: Amount: \$ *If additional lines are needed please indicate on the back of this sheet.
Education expenses (by semester): \$ /per semester:
Description (tuition, books, transportation, etc.):

## **Additional Student Information**

Do you or anyone in your family receive Free or Reduced Lunch/ WIC/ TANF/SNAP?  $\Box No$ 

 $\Box$ Yes, please explain:

What percentage of your current expenses do you pay yourself? (Example: if you pay all of your expenses, your percentage would be 100%)

Do you have education loans? □No □Yes Are you able to obtain new or additional education loans? □No □Yes, please explain:

Are there any programs or organizations that can help pay for MASI program fees?  $\Box No$ 

 $\Box$ Yes, please explain:

### ESSAY:

Please legibly write or type a maximum of 500 word essay explaining why you are applying for this scholarship, and how will it be helpful to you. Please include any additional relevant information that has not been addressed in the application questions.

### ACKNOWLEDGEMENT AND SIGNATURE:

I certify that the information contained in this application is correct to the best of my knowledge. I understand that to falsify information may be grounds for discontinuation of the application process or require repayment of funds if already received.

Applicant's Signature

Date

This application is due by April 21, 2023. If you send the application via mail, it will need be postmarked by April 21, 2023.

Please return the completed application to Disability Services by email at <u>masi@gmu.edu</u> or by mail at the address below.

*If you have questions, please contact Disability Services at 703-993-2474, or* masi@gmu.edu.

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