



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)

Fee-Based Program Assistance Application 2024-2025 Academic Year

MASI may provide limited financial assistance to students and families who demonstrate a need to defray associated program costs. The financial assistance will help to off-set the cost of the program; it will not cover the full fee. To be considered for financial assistance, please complete the following application and essay. Financial assistance will consist of a 1-year allotment. By completing this application, you give consent to have information reviewed by MASI/Disability Services staff. Information disclosed will be kept confidential.

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 26, 2024**. Decisions will be made by May 17, 2024.

Student Demographic Information:

Name: G#:

Date of Birth: Age:

Gender Identity:

Student Cell Phone:

Student Email:

Parent/Guardian Cell Phone:

Parent/Guardian 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 2023: \$

Student's total income earned in 2023: \$

*Total amount of other sources of financial support (financial aid, cash, savings, relatives, etc.) received in 2023:

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
- 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?

No

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?

No

Yes, please explain:

ESSAY:

Please legibly write or type a maximum of 500 word essay explaining your financial need. 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 26, 2024.

Please return the completed application to Disability Services by email at masi@gmu.edu 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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