

MISSOURI MILITARY ACADEMY

The following information will be used by the Missouri Military Academy for the purposes of determining appropriate financial aid distribution. Please attach supporting data for all items marked with an "*", along with copies of the first two pages from your 2008 and 2009 IRS 1040 forms, and any other financial information you feel would be appropriate. All information will be held confidential.

Please return this completed and signed form to the Missouri Military Academy Financial Aid Office, 204 N. Grand St., Mexico, MO 65265.

Monthly Income	Parent #1	Parent #2
Wages (Gross) *	\$	\$
Social Security *	\$	\$
Pensions *	\$	\$
Unemployment/Work Comp	\$	\$
Alimony/Child Support	\$	\$
Government Assistance	\$	\$
Disability Payments *	\$	\$
Scholarship/Grants *	\$	\$
Dividends/Interest	\$	\$
Other, Please List *	\$	\$

Family Assets - Value	
Savings	\$
Checking	\$
Money Market	\$
CD's	\$
Investments, Stocks, Bonds	\$
Home (Market Value)	\$
Car #1	\$
(make/model)	
Car #2	\$
(make/model)	
Car #3	\$
(make/model)	
Boats/Other (list)	
	\$
	\$
	\$
Other Real Estate (list)	
	\$
	\$
	\$
	\$
Liabilities	
Home Loans	\$
Auto Loans	\$
Other Loans	\$

Expenses	MONTHLY	BALANCE DUE
Mortgage or Rent	\$	\$
Car Payments	\$	\$
Utilities	\$	\$
Cable	\$	\$
Phone/Cell Phone	\$	\$
Food	\$	\$
Child Care	\$	\$
Clothing	\$	\$
Insurance (Auto,Life,Health)	\$	\$
Gas/Transportation	\$	\$
Recreation	\$	\$
Medical	\$	\$
Credit Cards	\$	\$

I certify that this form is correct and complete. I understand that the information on this form will be used to determine financial aid or assistance from Missouri Military Academy for the 2010-2011 school year only. I also understand that if any information is found to be false, any financial arrangement or assistance may be voided.

Parent/Legal Guardian #1 _____ Date _____

Parent/Legal Guardian #2 _____ Date _____