1 Maguire Rd. Lexington, MA 02421 Phone: (781) 860-1900 Fax: (781) 860-1920 www.mghaspire.org

Financial Aid Application

(A full application is not required if applied or participated within the last year)

Thank you for your interest in MGH Aspire programs. Please be sure to save this PDF file to your desktop/ laptop computer and then open in Adobe Acrobat Reader. You may either enter your responses directly onto this form or you may handwrite responses on the printed form.
Applications will not be reviewed unless all required documents are attached and the form is complete. A completed application includes:

- ☐ **Completed Financial Aid Application**
- ☐ **Copy of most recent IRS 1040 Forms with all schedules and W2s**
- ☐ Last 2 pay stubs for each working family member living in the household
- ☐ SSI Income Letter, disability statement, or other proof of income as applicable
- ☐ Additional supporting documentation for any other income (e.g., bank statements, investment accounts)

Please Submit Your Application via:

EMAIL	*mghaspire@partners.org*
PHONE	*781-860-1900*
FAX	*781-860-1920*
MAIL	*MGH Aspire* *1 Maguire Road* *Lexington, Massachusetts 02421*

Qualification for Aid
Financial aid is awarded based upon the availability of resources and applicant qualifications. Financial aid is based on several different criteria including family income, size of family, etc. Submittal of financial aid application does not guarantee aid. Financial aid will be awarded after the applicant has been accepted to the program.

Applicants Over 18
If the applicant lives with a parent/legal guardian, we require that both the participant and the parents/legal guardians provide financial documentation; otherwise, the financial aid application will be considered incomplete. If the applicant does not live with a parent/ guardian, Aspire staff will need to determine the nature of the financial relationship of the parent and child. Please specify any financial or material support (e.g., below-market rent, groceries, utilities payments, tuition support, monthly cash support) that the applicant receives from family or others under the “additional consideration” section.

Returning Applicants
A financial aid application with supporting documentation must be submitted each year (September – August). We reserve the right to ask for updated tax information after April 15th to make a final determination for financial aid requests if you are applying for one of our summer programs.

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Third Party Payments
Any amount of MGH Aspire programs paid by an entity other than the participant family is not eligible for financial aid. MGH Aspire does not provide financial aid to school districts or other organizations, including non-profit organizations.

APPLICANT INFORMATION

First: Last: Preferred/Nickname:

DOB: Age: MGH MRN:

FINANCIAL CONTACT INFORMATION (OPTIONAL)

First: Last: Relationship to Applicant:

Cell: Home Phone: Email:

HOUSEHOLD INFORMATION

Total number of household members:

List all people (including extended family and stepparents) living in the household with the applicant.

Full Name	***Relationship to Applicant***	***DOB***

INCOME INFORMATION

Total gross income: $

Family Member Name	***Employer Name***	***Type of Work***	***Pay before Deductions***	***Pay Period***
		☐ Full-time ☐ Part-time ☐ Per-diem ☐ Temporary	$	☐ Weekly ☐ Bi-Weekly ☐ Monthly
		☐ Full-time ☐ Part-time ☐ Per-diem ☐ Temporary	$	☐ Weekly ☐ Bi-Weekly ☐ Monthly
		☐ Full-time ☐ Part-time ☐ Per-diem ☐ Temporary	$	☐ Weekly ☐ Bi-Weekly ☐ Monthly
		☐ Full-time ☐ Part-time ☐ Per-diem ☐ Temporary	$	☐ Weekly ☐ Bi-Weekly ☐ Monthly

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OTHER INCOME

Please list any other income household members receive. This can include (but is not limited to):

Type of income	*Name of recipient*	*Monthly amount before taxes*
☐ Alimony		$
☐ Annuities		$
☐ Child Support		$
☐ Dividends or Interest		$
☐ Medicare		$
☐ Pensions		$
☐ Rental Income		$
☐ Retirement		$
☐ Social Security		$
☐ Unemployment Compensation		$
☐ Veteran's benefits		$
☐ Worker's Compensation		$
☐ Other		$
☐ Other		$

ASSET INFORMATION

Please estimate net family assets of more than $50,000:

Net assets: $

Type of asset	*Estimated value*
☐ Bank accounts	$
☐ Brokerage accounts	$
☐ Investment real estate	$
☐ Second/vacation homes/property	$
☐ Small businesses	$
☐ Trust funds	$
☐ Art/collectibles	$
☐ Leisure vehicles (e.g., boats, cars/motorcycles exceeding 1 per driver)	$
☐ Other:	$
☐ Other:	$

For the initial application, itemization and supporting documentation is not required. Do not include: the family's principle place of residence, 401(k) plans, IRAs or other retirement plans or one car per driver in the household

ADDITIONAL INFORMATION

Do you have additional information that you would like us to take into consideration? Please describe below:

APPLICATION SIGNATURES

I certify that what is stated on this form is correct and accurate. I understand that by signing below I am giving MGH Aspire permission to verify employment information listed above. I understand that MGH Aspire cannot share confidential information, such as the information contained on this application, with any state or federal agency without my prior approval. I also understand that this application form will not be included in the applicant's medical file.

Signature (if applicable) Date:

If the applicant is 18 years or older:

☐ Yes I give permission for MGH Aspire staff to communicate with _____

regarding this financial aid application (include signed release if not already on file)

Applicant Signature: Date:

SUBMIT

Save **Submit**

Please save this application until you are ready to attach your tax information and other supporting documentation listed on the cover page of this document. Attach all documents to this submission email and send email to mghaspire@partners.org when complete. (Submission button will open mail client). If you cannot email, provide a printed copy via fax, mail, or in-person delivery to the address below. (Refer to checklist on page 1).

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