



Mass Music and Art Society



MMAS Academy



MANSFIELD BANK

Mansfield Bank Charitable Foundation

MMAS Academy – Financial Assistance Application

STUDENT NAME: *

First: _____ Last: _____

ADDRESS*

Street Address: _____ Address Line 2: _____

City: _____ State _____ ZIP / Postal Code _____

Email*

Phone* _____ Phone 2 _____

Annual Gross Household Income* \$ _____

Number of People in Household* _____

Are you currently receiving any financial assistance*

YES

NO

If yes, please explain below:

Other information/special circumstances:

Notification about scholarship awards will be sent out via mail or e-mail.

Preferred method of communication - please check one.*

Check one: MAIL EMAIL PHONE

SIGNATURE: I certify that, to the best of my knowledge, all the information listed above is accurate and all income has been reported. *

Student's (age 18+) or responsible parent's signature

* *Items with an asterix indicate required information.*

Complete the essay on the next page



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ESSAY: In 100 words or less, please explain why you would like to attend the MMAS Academy. *