

MS Aid Application

www.msfinancialaid.org

From the homepage...



MAAPP is not just for students to apply. Students, student representatives, high school counselors, superintendents, headmasters, and institutional financial aid administrators can also view student accounts, make updates, and do more.

CLICK HERE



Apply
2024-2025 Aid Year

Dashboard
Login | Request Account

Trouble Logging In?

ACT Superscores >

Homeschool Info >

Forgivable Loan
Repayment Info →

Institutional Info →

Postsecondary
Board Info →

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FREQUENTLY ASKED
QUESTIONS >

GLOSSARY & TERMS >

1. Applicant Information



First Name



Middle Initial



Last Name



Suffix (if applicable)



Preferred First Name



DOB



SSN (enter twice to confirm)

Click Next

APPLICATION PROGRESS 0%

Applicant Information

* Denotes a required field

First Name *

Middle Initial

Last Name *

Suffix

Preferred First Name

Date of Birth *

Social Security Number *

Confirm Social Security Number *

Next

2. Contact Information (1 of 2)



Primary email address

- Use personal email address
- Check boxes stating (1) MS Financial Aid will use this email address to contact you & that you check this email address regularly and (2) that this is the only email address associated with your MS Financial Aid account



Secondary email address

- OPTIONAL

Click Next

APPLICATION PROGRESS 5%

Contact Information (1 of 2)

* Denotes a required field

Primary Email Address * ?

Confirm Primary Email Address *

- ☐ I understand that by providing an email address, the MS Office of Student Financial Aid will communicate important information via the Primary Email Address. I have provided an email address that I check regularly. Please save the following address to your safe senders list to ensure receipt of important correspondence regarding your application for state aid:
msfinancialaid@mississippi.edu *
- ☐ I understand that my primary email address will be the only email associated with my MAAPP dashboard account. *

Secondary Email Address (Optional parent, spouse, or other alternate email address.)

Confirm Secondary Email Address

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3. Contact Information (2 of 2)



Mailing address (street address)

- Enter apartment/unit number if applicable



City



State



Zip Code



Home County

- Rankin



Primary Phone

- This is your cell phone number



CHECK THE BOX!

- This will allow them to text you any updates on your application if needed

Click Next



2024-2025

AID YEAR APPLICATION

APPLICATION PROGRESS 10%

Contact Information (2 of 2)

* Denotes a required field

Mailing Address * ?

Apt/Unit No

City *

State *

Zip Code *

Home County *

Primary Phone * ?

Ext.

Phone Type *

- ☐ I would like to receive communication about my application through text messaging.

*By checking this box, you agree to receive a text message asking you to opt in.
Message and data rates may apply.*

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4. Statistical Information



Gender



Race



Marital Status

- Single



Citizenship status



Military status

- This applies to you and/or your parents

Click Next

APPLICATION PROGRESS 15%

Statistical Information ?

* Denotes a required field

Gender *

Race

Marital Status *

Are you a U.S. Citizen? *

Are you or your spouse or your parents in the active military? *



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5. High School Information



High School



Graduation Month & Year

- May 2024



College Hours Earned

- ANSWER IS NO FOR HIGH SCHOOL STUDENTS!

Click Next



2024-2025

AID YEAR APPLICATION

APPLICATION PROGRESS 20%

High School Information

* Denotes a required field

High School *

High School Graduation
Month *

High School Graduation Year
*

Have you earned or are you currently enrolled in 12 or more hours? *

(Please do not include any college course work taken while you were enrolled in high school or taken the summer after finishing high school.)

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6. Institutions to Attend



Put the school you are **MOST LIKELY** to attend next fall in the **FALL 2024** option

- It will automatically fill in Spring 2025



Leave Summer 2024 and Winter 2024 blank



If you are unsure, choose Hinds Community College

- We can change this later

Click Next

APPLICATION PROGRESS 30%

Institutions to Attend ?

* Denotes a required field

I plan to attend (name of school): (Must select at least one of fall or spring institution) *

Summer 2024

Select From List

Fall 2024

Hinds Community College

Winter 2024

Select From List

Spring 2025

Hinds Community College

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7. Classification & Degree



Current Classification

- High School Senior



In August/September my classification will be:

- Entering (First-time) Freshment



Degree option

- If attending a 4 year: 1st Bachelor's
- If attending a community college for a trade or technical program: Associate Degree (occupational or technical program)
- If attending a community college, then transferring to a 4 year: Associate Degree (general education or transfer program)
- If undecided: choose an Associate option



You have NOT completed any college degrees

Click Next

APPLICATION PROGRESS 35%

Classification and Degree

* Denotes a required field

My current classification is: * ?

High School Senior



In August/September my classification will be: * ?

Entering (First-time) Freshman



What degree will you be working on during 2024-2025? *



Have you completed any college degrees? *

No



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8. Majors & Programs Desired



General Major

- Select “Other” if your major isn’t listed



Specific Field

- Type your major if your major wasn’t listed

Click Next



2024-2025

AID YEAR APPLICATION

APPLICATION PROGRESS 40%

Major and Programs Desired

* Denotes a required field

General Major * ?

Specific Field

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9. Time Status & Degree Completion Date



Full-Time/Part-Time

- Select Full-Time
 - Warning message: You must enroll in 15 hours each semester to stay eligible for financial aid



Date of Degree Completion

- 4 year: May 2028
- 2 year: May 2026

Click Next



2024-2025

AID YEAR APPLICATION

APPLICATION PROGRESS 45%

Time Status and Degree Completion Date

* Denotes a required field

I will enroll as full-time or part-time student. * ?

Full-Time x ▾

Date of college/university degree completion. *

Month ▾ Year ▾

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10. Household Verification Worksheet



This is a list of **EVERYONE WHO LIVES** in your home and their ages



Click “Add Household Member”



A box will appear for you to add members of your household

- Add their name, their relationship to you, and their age
- Click Save



Continue to Add Household Members until you have everyone listed

Click Next

APPLICATION PROGRESS 50%

Household Verification Worksheet

* Denotes a required field



IMPORTANT: You will not be able to edit this information after you submit the application. Any changes will have to be made by contacting the Mississippi Office of Student Financial Aid

Name	Relationship	Age	
Daniels, Kendall	Applicant	30	
Daniels, Travis	Spouse	30	Edit Remove

Add Household Member

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11. MS Law Enforcement Officers & Firefighters Scholarship (LAW)



If your parent is/was a Mississippi law enforcement officer or a full-time or volunteer firefighter who suffered fatal injuries or wounds or became permanently and totally disabled as a result of injuries or wounds which occurred in the performance of the official and appointed duties of his or her office = mark CHILD



If not, mark NO

Click Next



2024-2025

AID YEAR APPLICATION

APPLICATION PROGRESS 55%

Mississippi Law Enforcement Officers & Firefighters Scholarship (LAW)

* Denotes a required field

The Mississippi Law Enforcement Officers and Firefighters Scholarship Program (LAW) is available to dependent children and spouses of any

[Read More](#)

Are you the child or spouse of a Mississippi law enforcement officer, full-time firefighter or volunteer firefighter who suffered fatal injuries or wounds or became permanently and totally disabled as a result of injuries or wounds which occurred in the performance of the official and appointed duties of his or her office? *

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12. FAITH Scholarship



Qualified Residential Childcare Facilities

- MS Baptist Children's Village
- SunnyBrook Children's Home
- Berean Children's Home



If your answer to the first question is NO, click Next


- Answer the question regarding foster care (raise your hand if you have any questions)



If your answer to the first question is YES, click Next

- Select which facility you lived in

Click Next



MISSISSIPPI AID APPLICATION

2024-2025
AID YEAR APPLICATION

APPLICATION PROGRESS 65%

FAITH Scholarship

* Denotes a required field


The Representative Bill Kinkade Fostering Access & Inspiring (FAITH) Scholarship awards scholarships up to the full cost of attendance for current and former foster youth to attend college in Mississippi. Learn more about FAITH: msfinancialaid.org/faith/

Did you live in a qualified residential childcare facility on or after your 13th birthday? *

No

Were you in foster care (the legal/physical custody of the Mississippi Department of Human Services/Child Protection Services) on or after your 13th birthday? *

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MISSISSIPPI AID APPLICATION

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APPLICATION PROGRESS 65%

FAITH Scholarship

* Denotes a required field

The Representative Bill Kinkade Fostering Access & Inspiring True Hope (FAITH) Scholarship awards scholarships up to the full cost of attendance for current and former foster youth to attend college in Mississippi. Learn more about FAITH: msfinancialaid.org/faith/

Did you live in a qualified residential childcare facility on or after your 13th birthday? *

Yes

Which facility did you reside in? (Select one of the following) *

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13. Driver's License/ Identification



Input either your driver's license number or your parent's driver's license number (based on the info you entered)

- This is to verify that you are a Mississippi resident, so you are eligible for MS financial aid!

Click Next



MISSISSIPPI AID APPLICATION

2024-2025

APPLICATION PROGRESS 75%

Driver's License/Identification

* Denotes a required field

By providing your Mississippi Driver's License Number or Mississippi ID Card Number, you are giving the Mississippi Office of Student Financial Aid permission to verify electronically with the Mississippi Department of Motor Vehicles that you and/or your parent have a valid Mississippi Driver's License or ID Card. This information will be used to determine eligibility for state financial aid only. Failure to allow the on-line verification will necessitate the submission of a photo copy of a valid Mississippi Driver's License or ID Card which may result in the delay of processing your request for state financial aid.


Based on the information you have provided, you appear to be a dependent student. If you are an independent student or otherwise unable to submit a Parent's Drivers License, you may "opt out" below and continue with your application.

Parent's Last Name *

Parent's Driver's License Number or Mississippi ID Card Number *

☐ I have read the disclaimer on this page and I elect to opt out of the electronic validation.

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MISSISSIPPI AID APPLICATION

2024-2025

APPLICATION PROGRESS 75%

Driver's License/Identification

* Denotes a required field

By providing your Mississippi Driver's License Number or Mississippi ID Card Number, you are giving the Mississippi Office of Student Financial Aid permission to verify electronically with the Mississippi Department of Motor Vehicles that you and/or your parent have a valid Mississippi Driver's License or ID Card. This information will be used to determine eligibility for state financial aid only. Failure to allow the on-line verification will necessitate the submission of a photo copy of a valid Mississippi Driver's License or ID Card which may result in the delay of processing your request for state financial aid.

Based on the information you have provided, you appear to be a dependent student. If you are an independent student or otherwise unable to submit a Parent's Drivers License, you may "opt out" below and continue with your application.

Parent's Last Name *

Parent's Driver's License Number or Mississippi ID Card Number *

☐ I have read the disclaimer on this page and I elect to opt out of the electronic validation.

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14. Disclaimers (1 of 2)

1. Some money programs are on a first-come, first-serve basis to students with COMPLETE applications. These programs are also subject to change and to proration.
2. Your application isn't complete until ALL documents have been received (so check your account regularly – this is YOUR responsibility)
3. If you receive a Pell Grant (by filling out the FAFSA) the amount of your state aid may change)
4. Eligibility requirements for state aid programs are subject to change without notice

Click Next

APPLICATION PROGRESS 80%

Disclaimer (1 of 2) ?

* Denotes a required field

- ☐ I understand that money for some forgivable loan programs (not MTAG or MESG) is available on a first-come, first served basis to students with COMPLETE applications. I further understand that all opportunities for state financial aid are dependent on the availability of funds and that some funds, including MTAG and MESG, are subject to proration. *
- ☐ I understand that my application is not complete until all required documents have been received and that it is my responsibility to submit required documentation. *
- ☐ I understand that if a FAFSA is filed on my behalf and determination of eligibility for a Federal Pell Grant is favorable, I may not be entitled to any MTAG funds or the amount may be reduced. *
- ☐ I understand that eligibility requirements for state aid programs are subject to change, without notice. *

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14. Disclaimers (2 of 2)

5. Submitting this application gives the state financial aid office permission to verify any statement on this form in any capacity, including requesting more information
6. I certify that I am not in default on any state or federal loans or owe a refund on a state or federal grant
7. I am being honest about everything on this application. Lying on this application can result in disqualification of aid, a \$10,000 fine, one year in prison, and a requirement to pay back all previous aid received

Click Next

APPLICATION PROGRESS 85%

Disclaimer (2 of 2) ?

* Denotes a required field

- ☐ I understand that by submitting this application, I am giving the state financial aid office permission to verify any statement on this form and to ask for information from other sources to assist them in determining my eligibility and the amount that I am eligible to receive. I further understand that additional information may be requested, as needed, to ensure efficient application processing. *
- ☐ I certify that I am not in default on a state or federal loan, nor do I owe a refund on a state or federal grant. *
- ☐ I understand and agree that, pursuant to Sections 37-106-29(5) and 97-7-10 of the Mississippi Code of 1972, as amended, by accepting State Financial Aid, the student is attesting to the accuracy, completeness and correctness of information provided to demonstrate the student's eligibility. Falsification of such information shall result in the denial of any pending award and revocation of any award currently held to the extent that no further payments shall be made. Any student knowingly making false statements in order to receive aid shall be guilty of a misdemeanor punishable, upon conviction thereof, by a fine of up to Ten Thousand Dollars (\$10,000.00), a prison sentence of up to one (1) year in the county jail, or both, and shall be required to return all funds wrongfully obtained. *

15. Educational Records Release



FERPA = Family Educational Rights and Privacy Act of 1974

- Do you want someone else to have access to your educational records?
- To add someone, click Add Additional Person
 - You have to know their birthday & the last four of their SSN
 - WE CAN ADD THIS LATER!
- If you don't want to add anyone, check the Opt-out box — again, we can change this later

Click Next

Educational Records Release

* Denotes a required field

The Family Educational Rights and Privacy Act of 1974 (FERPA) is a federal law that gives students access to and protects the privacy of their educational records. Educational records are any records directly related to a student that are maintained by the institution/agency, such as financial aid records, transcripts, letters of recommendation, disciplinary files, grades, test scores, admissions applications and course enrollments.

Except as required by federal law, educational records and the information contained in those records may not be disclosed to third parties, including parents, without the written consent of a student who is 18 or over. However, if the student is a minor, or, if the parents can demonstrate that their student is a dependent for income tax purposes, the parents may access the records.

List the full name, relationship to you, and birth date of up to three individuals (parent, guardian, spouse, etc.) in the fields below to give the Mississippi Office of Student Financial Aid permission to disclose educational records and information. If at any time, you wish to change the information provided below, or revoke or add permission for an individual, you may update your student account online. Check the "Opt Out" box if you do not wish to disclose your educational records.

☐ Opt Out - If you choose to opt out, please select the check box. *

Add Additional Person

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16. Review & Submit



Review the ENTIRE application




Scroll all the way down and
click SUBMIT APPLICATION



Once it's confirmed, show a
counselor your screen and
SCREENSHOT your
confirmation!

NOW ONTO FSA IDS!



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AID YEAR APPLICATION

APPLICATION PROGRESS 95%

Review Application

Please review your application before submitting.

NameKendall Daniels

* Your application will be considered for all state undergraduate grant programs, but you will be awarded through the single grant program that offers the largest award.

** Undergraduate students must earn --complete with passing grades-- 15 credit hours per semester (9 credit hours per trimester at William Carey) to maintain eligibility for state aid for programs that require full-time enrollment. Learn more at www.msfinancialaid.org/take15.

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Submit Application