

# Montana State University - Matched Education Savings Account Application

## PERSONAL INFORMATION

Name: \_\_\_\_\_ Social Sec. No. (last four digits): \_\_\_\_\_  
Gender:  Female  Male Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Ethnicity:  African American  Caucasian  Latino or Hispanic  
 Asian, Pacific Islander  Native American  Other (please specify: \_\_\_\_\_)  
Street: \_\_\_\_\_ Apartment/Lot #: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Cell/Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Did anyone claim you as a dependent on their tax return (could be parent, guardian or other person)?  Yes  No

## CREDIT UNION

If accepted into the MSU MESA you will be required to open your account with a local credit union. Please select one:

Rocky Mountain Credit Union  Sky Federal Credit Union  Other \_\_\_\_\_

## HIGHEST LEVEL OF EDUCATION COMPLETED

Currently enrolled in K-12?  Yes  No If yes, K-12 school's name \_\_\_\_\_

Choose last grade completed (if "Yes" above skip to Personal Statements):

High School Diploma  HiSet or GED  Attended college, did not complete  
 Completed Associate's Degree  Completed Bachelor's Degree  Completed professional/graduate degree

Are you currently enrolled in college, university or training program?  Yes  No (skip to Personal Statements)

If yes, what is the name of the? \_\_\_\_\_

Student ID Number (required if enrolled in post-secondary school): \_\_\_\_\_

First enrolled in post-secondary school (MM/YY)? \_\_\_\_/\_\_\_\_ Expected graduation date (MM/YY)? \_\_\_\_/\_\_\_\_

Current year in college, university or training program?  1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>  4<sup>th</sup>  5<sup>th</sup>  5<sup>th</sup> +

Mail to: MCUCD, 101 N Rodney St, Helena MT 59601

Questions: Nolan Glueckert, [nolan@mccun.coop](mailto:nolan@mccun.coop), or 406-442-9081 ext. 145.

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## PERSONAL STATEMENTS

On a separate sheet of paper please answer the following. No more than 500 words per question.

1. **You must successfully complete program requirements and use the money for higher. When do you anticipate your savings and matched money?**
2. **Please explain why you are interested in participating in the MSU MESA Program. Describe your educational goal and any other current plans you have for attending college.**
3. **Why is attending college important to you?**
4. **How much do you anticipate saving each month in order to meet your savings goal? How much do you think you can afford to save?**  
*(The minimum monthly deposit required is \$25 and there is no maximum limit. You must save for at least 6 months.)*

## HOUSEHOLD INFORMATION

**MARITAL STATUS:**  Single(never married)  Married/Common Law  Separated  Divorced  Widowed

*“Household” includes (1) your financial dependents (for example, your dependent children), (2) anyone you depend on financially (for example, your parents), or (3) anyone with whom you are financially interdependent (for example, your spouse or partner), whether they live with you or not.*

How many adults (18 years and older) currently live in the household: \_\_\_\_\_ (include yourself)

How many children (under 18 years) currently live in the household: \_\_\_\_\_ (include yourself)

Please complete the following for each person in your household (DO NOT include yourself):

Name	Date of Birth (day, month, year)	Gender (male/female)	Relationship to Applicant	Social Security Number (last 4 digits)

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## EMPLOYMENT INFORMATION

### PRESENT EMPLOYMENT STATUS:

(choose one for yourself, other adults in your household, and other children in your household.)

	Yourself	Other Adult(s) In Your Household	Other Children in Your Household
Employed more than full-time (overtime or more than one job)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employed full-time (35-40 hours per week)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employed part-time (less than 35 hours per week)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Currently Seeking Employment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not employed. Reason: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### IF YOU ARE CURRENTLY EMPLOYED, PROVIDE THE FOLLOWING INFORMATION:

Current Employer: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) - \_\_\_\_\_ Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

## INCOME INFORMATION

To be eligible for the MSU MESA Program, your household income must be at or below the following levels:

200 % OF THE FEDERAL POVERTY GUIDELINES (Required for MSU MESA participation)	
Persons in Family or Household	Income Equal to or Less Than
1	\$23,540
2	\$31,860
3	\$40,180
For each additional person, add	\$8,320

OR

EITC Income Requirements (Required for MSU MESA participation)		
Number of Children	Family Head Filing Individually	Married Filing Jointly
0	\$14,550	\$20,000
1 child	\$38,500	\$43,900
2 children	\$43,750	\$49,150
3 children	46,950	\$52,427

SOURCE: [www.irs.gov](http://www.irs.gov) Federal Register/ Wednesday, January 22, 2015 / Notices

### Answer the following questions about your total household income.

Gross Annual Income Amount: \_\_\_\_\_ As of this date: \_\_\_\_\_

Gross income is total amount of income before taxes and deductions.

Documentation Method used:  Pay Stub  W-2 wages  1099-wages  2014 Taxes  Other: \_\_\_\_\_

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## OTHER INCOME

Type of Income	Currently Receiving		Annual Amount
Alimony Payment	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Child Support	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
SSI / SSDI	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
SNAP / Food Stamps	<input type="checkbox"/> YES	<input type="checkbox"/> NO	

Temporary Assistance for Needy Families (TANF) & Earned Income Tax Credit (EITC)

Program	Currently Eligible?		Currently Receiving?		Has Ever Received?	
TANF	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Federal EITC	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
State EITC	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO

## ASSETS

Answer the following questions about your household's assets.

Asset Type	Yes/No	Value	Balance Due
Own principle residence	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Own other homes	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Business ownership	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Investments: (stocks, bonds, 401k, ect.)	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Checking Account	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Savings Account	<input type="checkbox"/> YES <input type="checkbox"/> NO		

Fill out the following information if anyone in the household owns a vehicle(s):

Vehicle(s)	Value	Balance Due	Make	Model	Mileage
Vehicle 1 (primary)					
Vehicle 2					
Vehicle 3					

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## LIABILITIES

Answer the following questions about your household's liabilities.

Liability	Yes/No	Value
Outstanding Bills Past Due (excluding those listed below)	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Student Loan Outstanding Balances	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Medical Bills Outstanding Balances	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Personal Loan Outstanding Balances	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Credit Card Outstanding Balances	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Payday Loans	<input type="checkbox"/> YES <input type="checkbox"/> NO	
All Other Liabilities	<input type="checkbox"/> YES <input type="checkbox"/> NO	

## REQUIRED DOCUMENTS

We must verify the identity of the applicant and each of the applicant's household members. Please submit at least ONE of the following for you and each of your household members with your completed application:

- |   |  |
|---|--|
| <input type="checkbox"/> Driver's license or state-issued photo identification        | <input type="checkbox"/> U.S. Passport (unexpired)       |
| <input type="checkbox"/> ID card issued by federal, state, or local government agency | <input type="checkbox"/> Certificate of U.S. Citizenship |
| <input type="checkbox"/> School ID card with photograph                               | <input type="checkbox"/> Certificate of Naturalization   |
| <input type="checkbox"/> Voter's registration card                                    | <input type="checkbox"/> Permanent Resident Card         |

For persons under age 18 who are unable to present a document listed above:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> U.S. social security card | <input type="checkbox"/> School record or report card | <input type="checkbox"/> Clinic, doctor, or hospital record |
|--|---|---|

We must also verify the income stated in this application. Please submit ALL of the following for you and each of your household members with your completed application:

Please provide documents that will help to verify your income, such as pay stubs, earnings statements, tax records, child support checks, or payment records.

- |  |   |
|--|---|
| <input type="checkbox"/> Your most recent tax return and/or recent paystub   | <input type="checkbox"/> Authorization for Release of Information, Referral and Certification |
| ➤ If you answered "yes" to parent, guardian or another claiming you (page 1), you must include that persons income |   |

**PLEASE DROP OFF THE COMPLETED APPLICATION AND SUPPORTING DOCUMENTS TO MONTANA STATE UNIVERSITY OFFICE OF FINANCIAL AID, ROCKY MOUNTAIN CREDIT UNION, SKY FEDERAL CREDIT UNION, OR MAIL TO MCUCD.**

MSU MESA is a project of Montana State University, Montana Credit Unions, Montana Credit Unions for Community Development, and US Department of Health and Human Services through the Assets for Independence program.

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## AUTHORIZATION FOR RELEASE OF INFORMATION, REFERRAL AND CERTIFICATION

I authorize Montana Credit Unions for Community Development and those entities or persons indicated below to *release, obtain or exchange* such information about me as is necessary or convenient for my participation in MSU MESA Program.

*All information requested on this application will be kept confidential, except where authorized by signed information releases. Much of the personal and financial information collected on this form is necessary only for evaluative purposes.*

1. All current and former employers in order to verify employment status, history and wages;
2. Educational or training institutions, such as high schools, secondary schools, adult learning centers, colleges/universities, colleges of technology, educational opportunity centers, trade or apprenticeship programs;
3. Financial Aid Offices of any educational or training institutions;
4. Student Assistance Foundation;
5. Other government funded programs such as Veteran Administration, Job Corps, Vocational Rehabilitations, Experience Works;
6. \_\_\_\_\_ Credit Union (Initials \_\_\_\_\_)
7. Other: \_\_\_\_\_ (Initials \_\_\_\_\_)

Special restrictions or conditions: \_\_\_\_\_

This Authorization for Release of Information is valid from the date of my signature, until revoked in writing by me, or twenty-four (36) months following the date my participation in MSU MESA ends. A copy of this Authorization for Release of Information may be used for all purposes as if it was an original.

I understand that I am entitled to an executed copy of this Authorization form.

PRINT NAME: \_\_\_\_\_  
(First) (Middle) (Last)

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

My signature below certifies that all information on this application is accurate and complete to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***Applicants under the age of 18 must have the consent of a parent or guardian:***

My signature below certifies that I am a parent or guardian of the minor applicant on this application and that I consent to the applicant's participation in the *MSU MESA Program*.

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

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