

**Department of Mental Health**

**Scholarship Application**

**STATE OF MISSISSIPPI**

**COUNTY OF \_\_\_\_\_**

I, \_\_\_\_\_, being first duly sworn, depose and state that based upon my personal knowledge and oath, the following responses are true and correct:

1. State your full name: \_\_\_\_\_

Present address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Social Security Number: XXX-XX-\_\_\_\_\_

Telephone number: \_\_\_\_\_

Full name of Spouse: \_\_\_\_\_

Number of dependents  
for whom you provide support: \_\_\_\_\_

2. Did you file a Federal Income Tax Return for either of the preceding two years? Yes No  
a. If yes, please attach a copy of your tax return(s) to this affidavit.

3. Did you receive an income tax refund or earned income credit for either of the last two tax years? Yes No  
a. If so, in what amount last year? \_\_\_\_\_  
b. In what amount for the preceding year? \_\_\_\_\_

4. Are you presently employed? Yes No  
a. If yes, state the amount of your salary or wages per month and give the name and address of your employer.  
i. Monthly salary or wages. \_\_\_\_\_  
ii. Present employer: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Did you receive any monetary income from any source such as SSI, disability, DHS transfer payments, pension wages, child support, regular gifts, etc? Yes No

a. If yes, state the amount of income received on a monthly basis and the source:

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6. Have you received within the past twelve months any income from a business, profession or other form of self-employment, or in the form of rental payments, interest, dividends or other source? Yes No

a. If yes, describe each source of income and state the amount received from each during the past twelve months.

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7. Do you own any cash or have a checking or savings account? Yes No

a. If yes, state the name of each bank or financial institution where an account is maintained, each account number and the balance in each account.

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8. Do you own any personal property, including but not limited to stock, bonds, promissory note, motorized vehicle of any type, jewelry, guns, boats, trailers or other property (excluding ordinary household furnishings, common personal effects and clothing)?

Yes No

a. If yes, describe the property and state its approximate value. If additional space is required, please use an additional sheet of paper.

Property	Value	Amt. of debt secured by this property

9. Do you own an interest of any kind in any real estate? Yes No

a. If yes, describe the real property and state its approximate value. If additional space is required, please use an additional sheet of paper.

Property	Value	Amt. of debt secured by this property

10. Do you have insurance?  
a. Medicaid  
b. Private Insurance

Yes	No
Yes	No

**FURTHER**, I do solemnly swear that I am a citizen of the United States of America and of the State of Mississippi and because of my poverty I am not able to pay costs or give security for same in this action.

**FURTHER**, I understand that a false statement or answer to any question or instruction in this affidavit will subject me to penalties for perjury.

**FURTHER**, I understand that the treatment facility may assess costs against me or dismiss the action I commenced if it finds that the allegation of poverty is untrue.

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

Print name: \_\_\_\_\_

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