



# Request for Admission Application Fee Waiver

SEND THIS FORM DIRECTLY TO THE POSTSECONDARY INSTITUTION/ORGANIZATION

TO: DEAN/DIRECTOR OF ADMISSION AT \_\_\_\_\_  
NAME OF COLLEGE OR UNIVERSITY

**STUDENT:** Print or type the information requested below. You must **personally** sign the Certification Statement.

**CERTIFICATION STATEMENT:** *I certify that I understand and meet all eligibility requirements to request an admission application fee waiver.*

STUDENT'S NAME \_\_\_\_\_ STUDENT'S SIGNATURE \_\_\_\_\_

STUDENT'S ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**AUTHORIZED OFFICIAL:** Print or type the information requested below and check the indicator(s) of economic need. You must **personally** sign the Certification Statement.

**CERTIFICATION STATEMENT:** *I certify that the student named on this form is currently enrolled in the 11<sup>th</sup> or 12<sup>th</sup> grade at this school and meets the indicator(s) of economic need checked below.*

AUTHORIZED OFFICIAL'S NAME \_\_\_\_\_ AUTHORIZED OFFICIAL'S SIGNATURE \_\_\_\_\_

AUTHORIZED OFFICIAL'S TITLE \_\_\_\_\_ AUTHORIZED OFFICIAL'S EMAIL \_\_\_\_\_

NAME OF SECONDARY EDUCATIONAL INSTITUTION OR ORGANIZATION \_\_\_\_\_ CEEB# OR PROGRAM # \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

**ECONOMIC NEED:** The student must meet at least one of the following indicators of economic need. If no item is checked, the request will be denied.

- Student has received or is eligible to receive an ACT or SAT testing fee waiver.
- Student is enrolled in or eligible to participate in the Federal Free or Reduced Price Lunch program (FRPL).
- Student's annual family income falls within the income Eligibility Guidelines\* set by the USDA Food and Nutrition Service.
- Student is enrolled in a federal, state or local program that aids students from low-income families (e.g., TRIO programs such as Upward Bound).
- Student's family receives public assistance.
- Student lives in federally subsidized public housing, a foster home or is homeless.
- Student is a ward of the state or an orphan.
- Other request from high school principal, high school counselor, financial aid officer, or community leader:

Given my knowledge of this student's family circumstances and after reviewing the eligibility guidelines, I believe that providing the application fee would present a hardship. Explanation:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



SCHOOL SEAL/STAMP

\*To view USDA Income Eligibility Guidelines for the Free or Reduced Price Lunch Program or review FAQs related to this form visit <http://bit.ly/NACACfeewaiver>.