

APPLICATION FEE WAIVER FORM

Applicant Information:

Surname (lastName) _____ First Name _____

Date of Birth (mm/dd/yyyy) : _____ Citizenship _____

Applicant ID (if known): _____ Email: _____

Applicant must meet at least one of the following to demonstrate economic need. Please select which reason(s) below apply to this student. At least one reason is required

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.

Student has received is eligible to receive an ACT or SAT testing fee waiver.

Other: Please list the reasons that would qualify the student for an application fee waiver if not mentioned above.

School Official Information: Please provide us with your contact information in case we need follow up with you.