

## 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		
or type the information requested be	low. You must <b>personally</b> sign t	the Certification Statement.		
N STATEMENT: I certify that I un	nderstand and meet all eligib	bility requirements to request an	admission application fee wa	iver.
	STU		UDENT'S SIGNATURE	
SS .	CITY	STATE	ZIP	
OFFICIAL: Print or type the information	ion requested below, and check	the indicator(s) of economic need.	You must <b>personally</b> sign the Cer	tification
N STATEMENT: I certify that the conomic need checked below.	student named on this form	is currently enrolled in the 11 <sup>th</sup> o	or 12 <sup>th</sup> grade at this school and	d meets the
IAL'S NAME		AUTHORIZED OFFICI	AL'S SIGNATURE	
IAL'S TITLE		AUTHORIZED OFFICI	AL'S EMAIL	
RY EDUCATIONAL INSTITUTION OR ORG	SANIZATION	CEEB# OR PROGRAM	A#	
		PHONE		
EED: The student must meet at leas uest will be denied.	t one of the following indicators of	of economic need. If no item is		
dent is enrolled in or eligible to the program (FRPL). Ident's annual family income for USDA Food and Nutrition Section is enrolled in a federal, some families (e.g., TRIO programmer families (e.g., TRIO programmer family receives public and dent lives in federally subsidized and the state or a fer request from high school power, or community leader:  Given my knowledge of reviewing the eligibility of the state of the	participate in the Feder alls within the income Eligivice. tate or local program that rams such as Upward Boussistance. ted public housing, a fost an orphan. rincipal, high school cour this student's family circupuidelines, I believe that p	gibility Guidelines* set by t aids students from low- bund). er home or is homeless. hselor, financial aid umstances and after	SCHOOL SEAL/ST	АМР
	S  DFFICIAL: Print or type the information requested being selected by the properties of the state of a green families (e.g., TRIO programulies family shool per, or community leader:  Given my knowledge of reviewing the eligibility of the program (frequest from high school per, or community leader:  Given my knowledge of reviewing the eligibility of the program (frequest from high school per, or community leader:  Given my knowledge of reviewing the eligibility of the program (frequest from high school per, or community leader:  Given my knowledge of reviewing the eligibility of the state of the program (frequest from high school per, or community leader:  Given my knowledge of reviewing the eligibility of the state of the state of the program (frequest from high school per, or community leader:  Given my knowledge of reviewing the eligibility of the state of the state of the program (frequest from high school per, or community leader:  Given my knowledge of reviewing the eligibility of the state of the program (frequest from high school per, or community leader:  Given my knowledge of reviewing the eligibility of the program (frequest frequest f	or type the information requested below. You must personally sign I STATEMENT: I certify that I understand and meet all eligit is a CITY  DEFICIAL: Print or type the information requested below, and check is STATEMENT: I certify that the student named on this form conomic need checked below.  AL'S NAME  AL'S TITLE  RY EDUCATIONAL INSTITUTION OR ORGANIZATION  EED: The student must meet at least one of the following indicators usest will be denied.  Ident has received or is eligible to receive an ACT or Soldent is enrolled in or eligible to participate in the Feder ch program (FRPL).  Ident's annual family income falls within the income Eligus USDA Food and Nutrition Service.  Ident is enrolled in a federal, state or local program that me families (e.g., TRIO programs such as Upward Bodent's family receives public assistance.  Ident lives in federally subsidized public housing, a fost dent is a ward of the state or an orphan.  Iter request from high school principal, high school courer, or community leader:  Given my knowledge of this student's family circus.	or type the information requested below. You must personally sign the Certification Statement.  I STATEMENT: I certify that I understand and meet all eligibility requirements to request an STUDENT'S SIGNATURE.  STATE  DFFICIAL: Print or type the information requested below, and check the indicator(s) of economic need.  I STATEMENT: I certify that the student named on this form is currently enrolled in the 11th onomic need checked below.  AL'S NAME  AUTHORIZED OFFICE  AUTHORIZED OFFICE  AUTHORIZED OFFICE  RY EDUCATIONAL INSTITUTION OR ORGANIZATION  CEEB# OR PROGRAM  PHONE  EED: The student must meet at least one of the following indicators of economic need. If no item is uest will be denied.  dent has received or is eligible to receive an ACT or SAT testing fee waiver. Ident is enrolled in or eligible to participate in the Federal Free or Reduced Price ch program (FRPL). Ident's annual family income falls within the income Eligibility Guidelines* set by USDA Food and Nutrition Service. Ident is enrolled in a federal, state or local program that aids students from low-me families (e.g., TRIO programs such as Upward Bound). Ident's family receives public assistance. Ident's family receives public assistance. Ident is a ward of the state or an orphan. It is a ward of th	or type the information requested below. You must personally sign the Certification Statement:  ISTATEMENT: I certify that I understand and meet all eligibility requirements to request an admission application fee we students. I certify that I understand and meet all eligibility requirements to request an admission application fee we students. I certify that the student named on this form is currently enrolled in the 11th or 12th or 1

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