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Applicant Name (Last Name, First Name Middle Name)

Birthdate (mm/dd/yy)

Application Term:            Spring                      Summer                      Fall      20\_\_\_\_\_

Student eligibility is primarily determined by membership in a family whose annual income falls within the following guidelines:

Number of Dependents*	Family Income**
2	\$29,637
3	\$37,296
4	\$44,955
5	\$52,614
6	\$60,273

For each additional family member, add \$7,696 and apply that increment to each additional dependent.

\*The number of dependents should be the same as your current tax statement.

\*\*Income levels are based on the USDA Income Eligibility Guidelines and are provided by College Board.

\_\_\_\_\_  
Please outline your financial situation in the space below. Indicate the number of dependents and your family income, along with your reasons for requesting the application fee waiver. Mail this form to the address below.

Number of Dependents \_\_\_\_\_ Family Income \_\_\_\_\_

By typing my name below, I hereby certify that to the best of my knowledge, the information furnished above is true and complete.

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Applicant Signature

Date

**IMPORTANT NOTE:** Please download this form to your computer, complete with a PDF application (ex. Adobe Reader), and save. You may then upload the completed PDF to your application in the upload documents section. **Not following these instructions may result in processing delays.**

**Select button that corresponds to your system.**