

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		
		CTODENT C CI		
STUDENT'S ADDRESS	CITY	STATE	ZIP	
AUTHORIZED OFFICIAL: Print or type the Certification Statement.	the information requested below ar	nd check the indicator(s)	of economic need. You must personally si	gn
CERTIFICATION STATEMENT: I certify the indicator(s) of economic need checked		n is currently enrolled in t	ne 11th or 12th grade at this school and m	eets
AUTHORIZED OFFICIAL'S NAME		AUTHORIZED (DFFICIAL'S SIGNATURE	
AUTHORIZED OFFICIAL'S TITLE		AUTHORIZED (DFFICIAL'S EMAIL	
NAME OF SECONDARY EDUCATIONAL INSTITU	TION OR ORGANIZATION	CEEB# OR PR	OGRAM#	
ADDRESS		PHONE		
ECONOMIC NEED: The student must be denied.	t meet at least one of the following	indicators of economic ne	eed. If no item is checked, the request will	
	ble to participate in the Fede me falls within the income El ral, state or local program the vard Bound). blic assistance. osidized public housing, a fos e or an orphan.	eral Free or Reduced igibility Guidelines* at aids students from ster home or is home unselor, financial aid nces and after review	Price Lunch program set by the USDA Food and a low-income families (e.g., eless. officer, or community leader: ring the eligibility	

*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.