



**National Association for
College Admission Counseling**
Guiding the way to higher education

Request for Admission Application Fee Waiver

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 11th or 12th 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. Check all that apply. If no item is checked, the request will be denied.

- Family receives public assistance.
- Student is ward of the state.
- Student resides in foster home.
- Student is homeless.
- Student participates in free or reduced-price lunch program.
- Student participates in a federally funded TRIO program (e.g., Upward Bound).
- Family income is at or below the 2010 DHHS Poverty Guides listed in the chart below.
- 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 suggested guidelines below, I believe that providing the application fee would present a hardship. Explanation:

INCOME GUIDELINES:

Size of Family	Taxable Income	Adjusted Gross Income*	
		Single or Head of Household	Married Filing Jointly
1	\$16,245	\$21,195	N/A
2	\$21,855	\$36,855	\$39,755
3	\$27,465	\$45,965	\$48,865
4	\$33,075	\$55,075	\$57,975
5	\$38,685	\$64,185	\$67,085
6	\$44,295	\$73,295	\$76,195
7	\$49,905	\$82,405	\$85,305
8	\$55,515	\$91,515	\$94,415



SCHOOL SEAL/STAMP

For family units with more than 8 members, add the following amount for each additional family member: \$5,610 for the 48 contiguous states, the District of Columbia and outlying jurisdictions; \$7,020 for Alaska and \$6,450 for Hawaii.
The term "low-income individual" means an individual whose family's taxable income for the preceding year did not exceed 150% of the poverty-level amount. The figures shown under family income represent amounts equal to 150% of the family income levels established by the Census Bureau for determining poverty status. The poverty guidelines were published by the US Department of Health and Human Services in the *Federal Register*, Vol. 74, No. 14, January 23, 2009, pp.4,199-4,201, and the 2009 guidelines have been extended through 2010. They are subject to change at any time by Congress and the Administration.

2008 Exemptions = \$3,500 per person
2008 Standard Deductions = \$5,450 Single
\$8,000 Head of Household
\$10,900 Married Filing Jointly