

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

## **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

			illy requirements to request an a	dmission application fee waiver.
STUDENT'S NAME			STUDENT'S SIGNATURE	
TUDENT'S	ADDRESS	CITY	STATE	ZP
AUTHOR Statement	RIZED OFFICIAL: Print or type the info	rmation requested below, and check	he indicator(s) of economic need. Yo	ou must personally sign he Cer ification
	CATION STATEMENT: I certify that is s) of economic need checked below.		s currently enrolled in the 11 <sup>th</sup> or	12 <sup>th</sup> grade at this school and meets the
ITHORIZED OFFICIAL'S NAME			AUTHORIZED OFFICIAL'S SIGNATURE	
UTHORIZED OFFICIAL'S TITLE			AUTHORIZED OFFICIAL'S EMA L CEEB# OR PROGRAM #	
AME OF SECONDARY EDUCATIONAL INSTITUTION OR ORGANIZATION		ORGANIZATION		
	DMIC NEED: The student must meet at the request will be denied.	least one of the following indicators o	feconomic need. If no item is	
checked,	the request will be denied. Student has received or is elig Student is enrolled in or eligib	jible to receive an ACT or SA	T testing fee waiver.	
checked,	the request will be denied. Student has received or is elig Student is enrolled in or eligib Lunch program (FRPL).	gible to receive an ACT or SA le to participate in the Federa le falls within the income Eligi	T testing fee waiver. I Free or Reduced Price	
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\*To view USDA Income Eligibility Guidelines for the Free or Reduced Price Lunch Program or review FAQs related to this form visit <u>http://bit.ly/NACACfeewaiver</u>.