

APPLICATION FEE WAIVER FORM

Directions: Please fill out form completely and **submit with a copy of your most recent federal tax return**. Waiver requests with incomplete or omitted information may not be accepted.

Name _____
Last First Middle

Address _____
Number and Street City, State Zip

E-mail

Are you currently a student? Yes No If yes, please provide the following information:
 Undergraduate student | Part-time | Number of credit hours _____
 Graduate student | Full-time | Tuition/Fees \$ _____

Name of institution _____
 Amount of financial aid awarded to you this year (include aid from all sources including loans, grants, fellowships, scholarships, work study, etc.) \$ _____ Do you have a Pell Grant? Yes No

If married, is spouse a full-time student? Yes No Degree program _____

Are you currently working? Yes No If yes, occupation _____

Do you have legal dependants? Yes No If yes, Number of dependants _____ Ages _____

Total Earnings before taxes from all sources for you (and your spouse, if applicable) during the last 12 months	Applicant	Spouse
	\$ _____	\$ _____

Total untaxed income during the last 12 months:	Applicant	Spouse
Social Security benefits	\$ _____	\$ _____
Aid to Families with Dependent Children (AFDC or ADC)	\$ _____	\$ _____
Child support received	\$ _____	\$ _____
Other public assistance _____	\$ _____	\$ _____

Total amount of cash available to you (and your spouse, if applicable) either on hand, or in the bank \$ _____

Total present net value of all applicant's (and spouse's, if applicable) stocks, bonds, automobiles, other property and financial interest of any kind \$ _____

Housing (Applicant and spouse, if applicable)

Live with parents Yes No If yes, monthly payment \$ _____

Rent Yes No If yes, monthly payment \$ _____

Own a home Yes No If yes, monthly mortgage payment \$ _____ current value \$ _____

Total current debt	Student Loans	Credit Cards	Other Loans	Unpaid/Medical	Total
Applicant	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Spouse, if applicable	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

Parent Information (to be completed by candidate)

Father's (or guardian's) name _____ Employer _____

Occupation _____ Approximate annual salary \$ _____

Mother's (or guardian's) name _____ Employer _____

Occupation _____ Approximate annual salary \$ _____

How many children, not including yourself, do your parents support? _____

CERTIFICATION

I certify that the above information is accurate and complete to the best of my knowledge.

Signature _____ Date _____