

# Student Application for Advanced Placement Test Fee Waiver

## Part 1: General Information

Student's Name \_\_\_\_\_

List AP examinations which the student will complete during 2016-2017 academic year:

- |          |          |
|----------|----------|
| 1. _____ | 5. _____ |
| 2. _____ | 6. _____ |
| 3. _____ | 7. _____ |
| 4. _____ | 8. _____ |

## Part 2: Eligibility Information

Students are eligible to receive fee reduction(s) only if the family can certify that one of the following is true.

Please check *at least one*:

1. \_\_\_\_\_ My child qualifies for free or reduced lunch.

If your school participates in the Community Eligibility Provision, which provides free breakfast and lunch to all students in the school, a student's enrollment in the Free or Reduced Lunch Program cannot be used as a proxy to determine eligibility for AP fee reductions. Instead, participating schools will need to determine each individual student's eligibility based on the criteria listed below.

2. \_\_\_\_\_ Our household income is equal to or less than the amount listed in the chart below for our household size:

Size of Family Unit*	Annual Family Income	Size of Family Unit	Annual Family Income
<b>ONE PERSON</b>	<b>\$ 21,987.00</b>	<b>FIVE PERSONS</b>	<b>\$ 52,614.00</b>
<b>TWO PERSONS</b>	<b>\$ 29,637.00</b>	<b>SIX PERSONS</b>	<b>\$ 60,273.00</b>
<b>THREE PERSONS</b>	<b>\$ 37,296.00</b>	<b>SEVEN PERSONS</b>	<b>\$ 67,951.00</b>
<b>FOUR PERSONS</b>	<b>\$ 44,955.00</b>	<b>EIGHT PERSONS</b>	<b>\$ 75,647.00</b>

\*For family units with more than 8 persons, add \$7,696 for each additional family member.

3. \_\_\_\_\_ My family receives assistance under Part A of Title IV of the Social Security Act.
4. \_\_\_\_\_ My family receives medical assistance under the Medicaid program.
5. \_\_\_\_\_ My family was affected by the June 2016 flood.

## Part 3: Signatures

I certify that all information provided is correct. I understand that this information is being given for the receipt of state funds and that deliberate misrepresentation of the information may subject me to persecution under applicable state and federal law.

\_\_\_\_\_  
Parent/Guardian Date