



2017 AP Fee Waiver School Application

School: _____
Address: _____

AP Coordinator: _____
Email: _____
Date: _____

To the best of my knowledge, I certify that all information provided is correct. I understand that this information is being given for the receipt of federal funds.

Guidance Counselor/AP Coordinator **Date**

School Principal **Date**

Total Waivers: _____	
The following students are eligible to receive 2017 AP fee reductions based upon <u>one or more</u> of the following:	
<ul style="list-style-type: none">• Qualifying for free or reduced lunch• Household income being equal to or less than 185 percent of the 2016 federal income poverty guidelines established by the U.S. Department of Health and Human Services• Receiving assistance under Part A of Title IV of the Social Security Act• Receiving medical assistance under the Medicaid program• Affected by the June 2016 flood	
Student Name	Name of AP Exam(s) (Please place each exam on its own line)
Sample: Jane Doe	1. English Literature
	2. U.S. History
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One of six agencies within the West Virginia Office of Education and the Arts.

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