

TO THE APPLICANT

After completing all the relevant questions below, give this form to your secondary school counselor or another school official who knows you better. **If applying via mail**, please also give that school official stamped envelopes addressed to each institution.

Legal Name _____
*Last/Family/Sur (Enter name **exactly** as it appears on official documents.) First/Given Middle (complete) Jr., etc.*

Birth Date _____ CAID (Common App ID) _____
mm/dd/yyyy

Address _____
Number & Street Apartment # City/Town State/Province Country ZIP/Postal Code


School you now attend _____ CEEB/ACT Code _____

FEE WAIVER ELIGIBILITY

Our member colleges want to make sure that application fees do not pose a barrier for any student who wishes to apply for admission. You must meet at least one of the following indicators of economic need to qualify for an application fee waiver. **Check all that apply:**

- ☐ I have received or am eligible to receive an ACT or SAT testing fee waiver
- ☐ I am enrolled in or am eligible to participate in the Federal Free or Reduced Price Lunch program (FRPL)
- ☐ My annual family income falls within the Income Eligibility Guidelines set by the USDA Food and Nutrition Service
- ☐ I am enrolled in a federal, state, or local program that aids students from low-income families (e.g., TRIO programs such as Upward Bound)
- ☐ My family receives public assistance
- ☐ I live in federally subsidized public housing, a foster home or am homeless
- ☐ I am a ward of the state or an orphan
- ☐ I can provide a supporting statement from a school official, college access counselor, financial aid officer, or community leader

I certify that I understand and meet the eligibility requirements to request an admission application fee waiver. I also understand if I am a first year student my counselor will be asked to verify my eligibility.

Signature  _____ Date _____
mm/dd/yyyy

TO THE SCHOOL COUNSELOR

Please confirm the eligibility selections indicated by the applicant above. Attach any supporting documents. Be sure to sign below before mailing directly to the college/university admission office.

Counselor's Name (Mr./Mrs./Ms./Dr.) _____
Please print or type


Title _____ School _____

School Address _____
Number & Street City/Town State/Province Country ZIP/Postal Code

School Website Address _____

Counselor's Telephone (_____) _____ Counselor's Fax (_____) _____
Area/Country/City Code Number Ext. Area/Country/City Code Number

School CEEB/ACT Code _____ Counselor's E-mail _____

Signature  _____ Date _____
mm/dd/yyyy

Please mail this form and accompanying documents directly to each college/university admission office. Do not mail this form to The Common Application offices.