

Request for College Application Fee Assistance

Important: ETS cannot reimburse fees paid previously

Student's Name	_ High School	Date
Social Security # (required)	Current GPA	ACT Composite Score
Email Address(Please print clearly-this is how		Class Rank out of
(Please print clearly-this is how	you are notified)	
Cell Phone	Have you taken the ad	ccuplacer? (Circle one) YES NO
College Requesting Fee Assistance for You may request up to 3 colleges each will require separate approval and follow-through (proof of app. and transcript, if necessary).	Intended Major	Initial if you meet the admission requirements of the college
1		
2		
3		
It may take up to 3 business days to receive a waiver app days to process the payment for a college application fee		
Student's Signature	IE "Y"	Date
Complete forms/pro Scanned and emailed (both Faxed (both s Mailed: Educa Minnesota Sta	oof of application are to be: sides): nancy.sprengeler@mi	
Other things to note: Fee assistance is only available to students enrolling in colle You will receive notification of acceptance or denial of waive receiving request If approved: ETS will send the waiver directly to the college If denied: ETS DOES NOT send payment. YOU are response **Decisions are made based on a student meeting high school applied to. NOTE: a high school transcript must be sent to the se	ege the summer/fall immediately for of app fee request through emands. You will receive a confirmation estible for the fee.	il within 3 business days of ETS email when waiver is sent to college. on requirements for the college
ETS Office Use Only: AD Date Received: Approval SApproved: Waiver Payout	Signature:	
ADDIOVEO WAIVEL PAVOLIT	DeniedPending:	



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				
STUDENT: Print or type the information reque	sted below. You must <i>person</i>	ally sign the Certification S	tatement.	
CERTIFICATION STATEMENT: I certify that	l understand and meet all eliç	gibility requirements to requ	uest an admission application fee waiver.	
STUDENT'S NAME		STUDENT'S SIG	GNATURE	
STUDENT'S ADDRESS	CITY	STATE	ZIP	
AUTHORIZED OFFICIAL: Print or type the in the Certification Statement.	nformation requested below a	and check the indicator(s) c	of economic need. You must <i>personally</i> s	ign
CERTIFICATION STATEMENT: I certify that the indicator(s) of economic need checked below	the student named on this for	m is currently enrolled in th	ne 11th or 12th grade at this school and n	neets
AUTHORIZED OFFICIAL'S NAME		AUTHORIZED C	OFFICIAL'S SIGNATURE	
AUTHORIZED OFFICIAL'S TITLE		AUTHORIZED C	OFFICIAL'S EMAIL	
NAME OF SECONDARY EDUCATIONAL INSTITUTION O)r organization	CEEB# OR PRO	DGRAM#	
ADDRESS		PHONE	· · · · · · · · · · · · · · · · · · ·	
ECONOMIC NEED: The student must mee be denied.	t at least one of the following	indicators of economic ne	ed. If no item is checked, the request will	
☐ Student has received or is eligible ☐ Student is enrolled in or eligible t (FRPL).	o participate in the Fed	eral Free or Reduced	Price Lunch program	
☐ Student's annual family income for Nutrition Service. ☐ Student is enrolled in a federal, services as Upward	tate or local program th Bound).		-	
☐ Student's family receives public a ☐ Student lives in federally subsidiz ☐ Student is a ward of the state or a	ed public housing, a fo	ster home or is home	less.	
Other request from high school p Given my knowledge of this stu guidelines, I believe that providi	rincipal, high school co dent's family circumsta	nces and after reviewi	ng the eligibility	

^{*}To view USDA Income Eligibility Guidelines for the Free or Reduced Price Lunch Program or review FAQs related to this form visit http://bit.ly/NACACfeewaiver.