

## **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 re	quested below. You must persona	ally sign the Certification S	tatement.	
CERTIFICATION STATEMENT: I certify to	hat I understand and meet all eligi	ibility 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 Certification Statement.	he information requested below ar	nd check the indicator(s) o	of economic need. You must <b>personally</b> si	gn
<b>CERTIFICATION STATEMENT:</b> I certify the indicator(s) of economic need checked by	hat the student named on this formelow.	n is currently enrolled in th	ne 11th or 12th grade at this school and m	eets
Nancy Sprengeler				
AUTHORIZED OFFICIAL'S NAME		AUTHORIZED C	DFFICIAL'S SIGNATURE	
Director			sprengeler@mnsu.ec	lu
AUTHORIZED OFFICIAL'S TITLE		AUTHORIZED C	DFFICIAL'S EMAIL	
<b>Educational Talent So</b>	earch			
NAME OF SECONDARY EDUCATIONAL INSTITUTION	ON OR ORGANIZATION	CEEB# OR PRO	OGRAM#	
WC 356 Mankato MN	l 56001	507-38	9-5175	
ADDRESS		PHONE	Water land to the state of the	
<b>ECONOMIC NEED:</b> The student must be denied.	meet at least one of the following i	indicators of economic ne	ed. If no item is checked, the request will	
☐ Student has received or is eligibus Student is enrolled in or eligibus (CDR)				
(FRPL).  ☐ Student's annual family incom Nutrition Service.	ne falls within the income El	igibility Guidelines* s	set by the USDA Food and	
Student is enrolled in a federa TRIO programs such as Upwa	ırd Bound).	at aids students from	low-income families (e.g.,	
☐ Student's family receives public Student lives in federally subsided Student lives in federally subsided Student is a ward of the state	idized public housing, a fos	ster home or is home	less.	
☐ Other request from high school Given my knowledge of this	ol principal, high school co			
guidelines, I believe that pro	viding the application fee w	ould present a hards	ship. Explanation:	
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<sup>\*</sup>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.