



2017-2018 Application Fee Waiver Request

Important: In order to expedite your fee waiver request, please complete this entire form. All sections of this form are required—including the name and signature of a school counselor or community leader. Incomplete forms cannot be processed.

Date _____

Student's last name _____ Middle Initial _____

Student's first name _____ Date of birth _____

Request for waiver is based on:

(check where applicable)

- Approved fee waiver from ACT or SAT *(please attach)*
- Student is eligible for the free or reduced-price lunch program.
- Request from high school principal, high school counselor, financial aid officer, or community leader. Given my knowledge of this student's family circumstances and after reviewing the suggested guidelines at right, I believe that paying the application fee would present a hardship.
- Student participates in a federally funded TRIO program such as Upward Bound.
- Other *(please explain below)*

Explanation:

Guideline

Family income is at or below the U.S. Department of Agriculture levels for reduced-price lunches. (<http://www.fns.usda.gov/slp>)

Number in Family	Total Annual Income Before Taxes (in last calendar year)
<input type="checkbox"/> 1	\$22,311
<input type="checkbox"/> 2	\$30,044
<input type="checkbox"/> 3	\$37,777
<input type="checkbox"/> 4	\$45,510
<input type="checkbox"/> 5	\$53,243
<input type="checkbox"/> 6	\$60,976

(Plus \$7,733 for each additional family member)

The counselor/community leader's personal knowledge of family circumstances may allow for extenuating judgement beyond family income criteria.

Signature of student

Name of counselor/community leader (please print)

Name of secondary or post-secondary school

Title of counselor/community leader

Signature of counselor/community leader

Return this form to:

University of Minnesota Twin Cities, Office of Admissions
240 Williamson Hall, 231 Pillsbury Drive S.E., Minneapolis, MN 55455-0213