

CBT FEE WAIVER REQUEST



PLEASE PRINT ALL INFORMATION BELOW. *See pages 8–9 for more information.*

NAME: Print your last name, first name, and middle initial.														
LAST NAME										FIRST NAME			M.I.	
PRESENT ADDRESS: Number and Street (include apartment number)														
NUMBER AND STREET														
CITY					STATE			ZIP CODE						
SOCIAL SECURITY NUMBER					DAYTIME TELEPHONE NUMBER									

TEST FOR WHICH YOU ARE REQUESTING A FEE WAIVER. ONLY ONE CBT FEE WAIVER GOOD FOR UP TO THREE TESTS WILL BE ISSUED PER EXAMINEE PER TESTING YEAR.

COMPUTERIZED PPST TESTS	
<input type="checkbox"/>	Computerized PPST Reading Test
<input type="checkbox"/>	Computerized PPST Mathematics Test
<input type="checkbox"/>	Computerized PPST Writing Test
<input type="checkbox"/>	Computerized PPST Combined Tests

CBT Fee Waiver Request Personal Information*:
(This information must be provided in order for your application to be considered.)

- Family Size (including yourself) _____
- Number of Dependents
(as defined by Federal Income Tax Form) _____
- Current Education Level _____
- Tuition for 2008–09 \$ _____
- Gross Family Income (including your own)
As Reported on the Latest Federal Income Tax Form: \$ _____
- Name of Institution or Agency Requiring Your Scores
(must be an authorized score recipient)

- Name of Institution You Currently Attend

* Information provided on this form is considered confidential.

Mail the completed form to:
ETS–The Praxis Series
PO Box 6051
Princeton, NJ 08541-6051

Income Guidelines	
Family Size (including student)	Maximum Total Family Income*
1	\$27,970
2	\$32,561
3	\$36,724
4	\$38,973
5	\$42,287
6	\$44,512
7	\$46,763
8	\$49,005
9	\$51,244
10	\$53,471

*Including the student's income before taxes.

Testing Information	
If You Plan to Test Between:	Closing Date for Requesting a CBT Fee Waiver
<input type="checkbox"/> September–December	July 25, 2008
<input type="checkbox"/> January–March	November 14, 2008
<input type="checkbox"/> April–June	March 5, 2009
<input type="checkbox"/> July–September	June 11, 2009

CBT FEE WAIVER REQUESTS must be received by the appropriate closing dates shown below. Late or incomplete requests will be returned unprocessed. Funds may be exhausted prior to the closing date for the time period you request. If your requirement for testing allows, you may indicate a second date choice by checking two boxes below. Please check the box corresponding to the time period in which you plan to test.

Financial Aid Information:
(This section must be completed and signed by the financial aid director of the institution. The embossed school seal must be affixed over the signature or the signature must be notarized in the appropriate place below.)

- Is the examinee receiving financial aid?
[] yes [] no
- If yes, how much? \$ _____
- How will the scores be used?
[] admission into teacher education program
[] initial certification
[] other (briefly explain) _____

Signature _____
Institution _____