

FEE WAIVER REQUEST

Paper-based tests only
Submit with a Registration Form



PLEASE PRINT ALL INFORMATION BELOW.

See pages 8–9 of the Bulletin for more information.

NAME: Print your last name, first name, and middle initial.

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LAST NAME										FIRST NAME		M.I.

PRESENT ADDRESS:

NUMBER AND STREET (include apartment number)

CITY STATE ZIP CODE

SOCIAL SECURITY NUMBER DAYTIME TELEPHONE NUMBER

TEST DATE TEST CODE

Month Day Year

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.

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) _____

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

This form must be received by the appropriate closing date shown below. Late or incomplete requests will be returned unprocessed.

Test Date	Closing Date for Requesting a Fee Waiver
September 13, 2008	July 23, 2008
November 15, 2008	September 17, 2008
January 10, 2009	November 12, 2008
March 14, 2009	January 2, 2009
April 25, 2009	February 26, 2009
June 13, 2009	April 8, 2009
July 25, 2009	June 3, 2009

Funds may be exhausted prior to the closing date for the administration you requested.

A limited number of waivers are available per test date and per institution. All fee waiver requests are processed on a first-come, first-served basis. If funds are not available for the test date requested, please advise what action you would like us to take by selecting one of the following options

- Transfer my registration to a test date for which funds are available.
- Process for the test date selected. If paying by credit card, your account will be billed for all services you have requested on your registration form. If you submitted a check or money order, you will be billed for the balance due for all services requested on your registration form.
- Return my registration form and fee to me at the address listed on my registration form.

Signature _____

Institution _____