

FEE WAIVER REQUEST

Paper-based tests only
Submit with a Registration Form



PLEASE PRINT ALL INFORMATION BELOW.

NAME: Print your last name, first name, and middle initial.															
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 2009–10 \$ _____
- 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.

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	
Test Date	Closing Date for Requesting a Fee Waiver
September 12, 2009	July 22, 2009
November 14, 2009	September 16, 2009
January 9, 2010	November 11, 2009
March 13, 2010	January 1, 2010
April 24, 2010	February 25, 2010
June 12, 2010	April 7, 2010
July 24, 2010	June 2, 2010

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.

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