

FEE WAIVER REQUEST

Paper-delivered tests only
Submit with a Registration Form



Please see page 10 of the *Praxis* Bulletin for information on applying for a fee waiver. If you qualify for a fee waiver, the \$50 registration fee (applies to paper-delivered tests only) and the test fees for up to three *Praxis I* Pre-Professional Skills Tests or one *Praxis II* Subject Assessment may be waived.

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(s) | | | | | | | | | |
| Month | Day | Year | | | | | | | | | | | | |

| Income Guidelines | |
|---------------------------------|------------------------------|
| Family Size (including student) | Maximum Total Family Income* |
| 1 | \$29,156 |
| 2 | \$33,942 |
| 3 | \$38,282 |
| 4 | \$40,625 |
| 5 | \$44,080 |
| 6 | \$46,400 |
| 7 | \$48,747 |
| 8 | \$51,083 |
| 9 | \$53,417 |
| 10 | \$55,739 |

*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. | |
| Closing Date for | |
| Test Date | Requesting a Fee Waiver |
| September 17, 2011 | July 20, 2011 |
| November 12, 2011 | September 14, 2011 |
| January 14, 2012 | November 16, 2011 |
| March 10, 2012 | January 11, 2012 |
| April 28, 2012 | March 1, 2012 |
| June 9, 2012 | April 11, 2012 |
| July 21, 2012 | May 23, 2012 |
| 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. | |
| <input type="checkbox"/> Transfer my registration to a test date for which funds are available. | |
| <input type="checkbox"/> 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. | |
| <input type="checkbox"/> Return my registration form and fee to me at the address listed on my registration form. | |

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 2011-12 \$ _____
- 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) _____

Signature _____

Institution _____