



**Fee Waiver/Fee Payment Application  
2016-17**

ACCESS may be able to assist you by providing waivers or paying fees for SAT registrations, ACT registrations, up to four college applications, AP Testing, NCAA Clearinghouse, and CSS Profile. Complete this form to determine your eligibility.

***Please tell us about yourself:***

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_  
Gender: (circle) Male Female Birth Date \_\_\_\_\_ Grad. Year \_\_\_\_\_  
Race/Ethnicity: (circle) African American Asian/Pacific Islander Caucasian Hispanic Other  
Address \_\_\_\_\_ Zip Code \_\_\_\_\_  
High School \_\_\_\_\_ Citizen (Y/N) \_\_\_\_\_ Phone No. \_\_\_\_\_  
Parent/Guardian Name \_\_\_\_\_  
Parent Email Address \_\_\_\_\_  
GPA \_\_\_\_\_ Student Email address \_\_\_\_\_  
Eligible to receive Free/Reduced Lunch? (Y/N) \_\_\_\_\_  
Have either of your parents graduated with a four year college degree? (Y/N) \_\_\_\_\_

***Please tell us about your family income:***

1. Father/Stepfather's Monthly Income \$ \_\_\_\_\_
2. Mother/Stepmother's Monthly Income \$ \_\_\_\_\_
3. Adjusted Gross Income from  
2015 Tax Return \$ \_\_\_\_\_
4. Estimated Family Annual Income 2016 \$ \_\_\_\_\_
5. Other Benefits:  
ADC, TANF \$ \_\_\_\_\_ per month  
Social Security \$ \_\_\_\_\_ per month  
Veteran's \$ \_\_\_\_\_ per month  
Child Support \$ \_\_\_\_\_ per month
6. Number of people in your household \_\_\_\_\_

**Please tell us about any special circumstances that apply to your family:**

\_\_\_ Unemployed \_\_\_ Disabled \_\_\_ Retired Other \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature