



COUNSELORS/SCHOOL OFFICIALS: Send or fax this form to our office. It can also be accessed through the counselor website.

FEE WAIVER FORM

Applicant's Name

Last _____ First _____ Middle _____

Date of birth _____

Address _____ City _____ State _____ Zip Code _____

Applicant must meet at least one of the following reasons showing economic need. Do not submit this form unless at least one reason is checked.

- Applicant has received or is eligible to receive an ACT or SAT testing fee waiver.
- Applicant is enrolled in or eligible to participate in the Federal Free or Reduced Price Lunch program (FRPL).
- Applicant's annual family income falls within the Income Eligibility Guidelines set by the USDA Food and Nutrition Service.
- Applicant is enrolled in a federal, state or local program that aids students from low-income families (e.g. TRIO programs such as Upward Bound).
- Applicant's family receives public assistance.
- Applicant lives in federally subsidized public housing, a foster home or is homeless.
- Applicant is a ward of the state or an orphan.
- Applicant is receiving substantial need-based financial assistance from current institution.
 - PELL Expected Family Contributions - Enter amount
 - ISAC Amount awarded (Illinois residents only) - Enter amount
 - Total taxable income from last year - Enter amount
- Other. Please state the specific reason why applicant should be eligible for waiver if the reasons above are not applicable.

SCHOOL OFFICIAL

Please enter your name and contact information in case we need to follow up with you concerning the waiver request. Request must come from a school official.

School Official

Last _____ First _____ Middle _____

Title _____ Email _____

Phone _____

School Name _____

Signature _____

Mail or Fax:

Office of Undergraduate Admissions Fees Unit, 901 W Illinois St, Suite 103, Urbana, IL 61801

Fax: 217/244-4614