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

FEES 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