National Association for
College Admission Counseling

Request for Application Fee Waiver

To: Dean/Director of Admission

_____

(NAME OF COLLEGE OR UNIVERSITY)

As a secondary school member of the National Association for College Admission Counseling or a state and regional affiliate, I am requesting a waiver of the application fee on behalf of:

_____

(STUDENT'S NAME)

_____

(STUDENT'S ADDRESS) **CITY** **STATE** **ZIP**

Given my knowledge of this student's family circumstance, I believe that providing the application fee would present a hardship. I have reviewed the suggested guidelines below and I am eager for him/her to pursue this important educational opportunity and request your consideration of this request for an application fee waiver.

_____ _____

SIGNATURE OF COUNSELOR **SIGNATURE OF STUDENT**

_____ _____

PRINTED NAME OF COUNSELOR **NAME OF SECONDARY SCHOOL**

_____ _____

COUNSELOR'S EMAIL ADDRESS **CITY** **STATE** **CEEB#**

_____

SECONDARY SCHOOL PHONE NUMBER

Suggested Income Guidelines:

Family income is at or below the inflation-adjusted budget standard, adjusted for inflation through August 2007.

Number in Family	Family Income
1	$30,800
2	$36,160
3	$40,800
4	$43,950
5	$47,400

The counselor's personal knowledge of family circumstances may allow for extenuating judgment beyond family income criteria. Inflation-adjusted budget standard is based on former Bureau of Labor Statistics budget standard.

10/2007