



# 2017 FEE WAIVER REQUEST FORM

THE STATE UNIVERSITY OF NEW YORK

Application Services Center (ASC)

P.O. Box 22007

Albany, New York 12201-2007

To be considered for an application fee waiver from The State University of New York, students must:

- Complete and mail the 2017 Fee Waiver Request Form (this form) with required signatures to the address above. Other acceptable fee waiver forms include an ACT or SAT fee waiver (not registration card) or other official form from a recognized community agency such as the Urban League.
- Be a resident of New York State or a citizen of the United States.
- Meet the financial eligibility criteria shown in the table to the right.

If eligibility is confirmed, the Application Services Center will grant an application fee waiver for the first four campus choices selected.

| Household Size | Annual Income |
|----------------|---------------|
| 1              | \$21,978      |
| 2              | 29,637        |
| 3              | 37,296        |
| 4              | 44,955        |
| 5              | 52,614        |
| 6              | 60,273        |
| 7              | 67,951        |
| 8              | 75,647*       |

\*Plus \$7,696 for each family member in excess of eight

## Student Confirmation (all fields are required)

Applicant ID Number: \_\_\_\_\_ U.S. Social Security Number: \_\_\_\_\_

Name: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_ Apt # \_\_\_\_\_  
Street/P.O. Box

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Phone Number (including area code): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Household size (including student): \_\_\_\_\_ Total annual household income before taxes (all sources): \_\_\_\_\_

My signature confirms that:

- I meet the criteria above and am requesting an application fee waiver.
- I agree to provide financial documentation in support of this fee waiver if it is requested of me.
- I understand that if I have received my limit of four fee waivers during the calendar year, my application may be held pending receipt of the appropriate fee(s).

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Head of Household: \_\_\_\_\_

## Verification (Option 1 or Option 2 required)

### Option 1: Counselor/Advisor Certification

To the best of my knowledge, the student meets the requirements outlined on this fee waiver form. I have confirmed with the student that this request is applicable for up to four campus choices and appropriate processing fee(s) for additional campus choices should be submitted with the application. The student is aware that financial documentation in support of this fee waiver may be requested.

School Counselor/Transfer Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

High School/College: \_\_\_\_\_  
Name \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### Option 2: Proof of Income

Students who are unable to obtain a School Counselor or Transfer Advisor signature, must provide proof of income and attach a copy to this form. Proof of income may include any one of the following:

- Most recent federal tax return (Form 1040, 1040A, or 1040EZ)
- Statement of Social Services benefits
- Student Aid Report (SAR) from the FAFSA
- Proof of unemployment insurance benefits

Questions? Call the Recruitment Response Center at 1.800.342.3811, Monday-Friday, between 8:30 a.m. and 4:30 p.m. (EST).

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Internal Use Only