

# 2009 REQUEST FOR SUNY ADMISSION APPLICATION FEE WAIVER

THE STATE UNIVERSITY OF NEW YORK  
Application Services Center (ASC)  
P.O. Box 22007  
Albany, New York 12201-2007

Applicants to The State University of New York, who are residents of New York State and/or U.S. citizens, and wish to be considered for an application fee waiver (**up to four campus choices**), must submit one of the forms below (all forms require a counselor signature):

- The State University of New York application fee waiver form (this form)
- An ACT or SAT fee waiver form (not ACT/SAT registration card) or other official form from a recognized community agency such as the Urban League

Financial eligibility is primarily determined by the family income guidelines shown in the table below. Your school counselor can also be very helpful in determining if you are an appropriate candidate for an application fee waiver. **Your application will not be processed until full payment or authorized fee waiver request is received.**

Household Size	Annual Income
1	\$23,710
2	29,120
3	34,540
4	39,950
5	45,360
6	50,770
7	56,180 *

\*Plus \$5,410 for each family member in excess of seven

If eligibility is confirmed, the ASC will grant an application fee waiver for the **first four (4) campus choices**. One of the above fee waiver request forms should be submitted with the application or School Counselor Form (for online applicants), in lieu of the application fees. Appropriate processing fees for additional SUNY campus choices should be submitted with the application.

## Applicant Section (all fields are required)

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

Applicant Name: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Exactly as it appears on the application) Last First Middle

Address: \_\_\_\_\_ / \_\_\_\_\_  
Street Apt. #  
\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
City State Zip

Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Number of dependents in household (including head of household): \_\_\_\_\_ Total income before taxes (all sources): \_\_\_\_\_

My signature below confirms that I understand that:

- I agree to provide financial documentation in support of this fee waiver if it is requested of me.
- 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 Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

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

## Counselor/Advisor Section (all fields are required)

To the best of my knowledge, payment of the application fee(s) would present a financial hardship to this applicant and the applicant's family. I have confirmed with the student that this request is applicable for **up to four (4) campus choices**. (EOP applicants are eligible to receive waivers for more than four campus choices.) Appropriate processing fee(s) for additional SUNY college choices should be submitted with the application.

The applicant is aware that financial documentation in support of this fee waiver may be requested.

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

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