

**Admissions**

800 Main Street, Pewaukee, WI 53072  
 262.691.5200 (Phone)  
 262.695.3464 (Fax)

**Program Application Fee Waiver Request**

To be considered for a waiver of the application fee, this form must be authorized by a high school counselor or WCTC representative and submitted by the application completion deadline for the program and term indicated. Final approval will be determined by the Dean of Student Services. Students will be notified by email or phone after appropriate signatures are received.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Student ID (if known): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Program Applying For: \_\_\_\_\_

Start Term:  Spring or  Fall Year: \_\_\_\_\_

**Economic Need:** The student must meet one or more of the following indicators of economic need.

- Family receives public assistance.
- Family participates in the free or reduced-price school lunch program.
- Family income is at or below the maximum amounts established by the Bureau of Labor Statistics Low Standard Budget for 2009.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Signature (WCTC Representative): \_\_\_\_\_ Date: \_\_\_\_\_

Approval Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Dean of Student Services)

**This request is valid for two years and only if it is properly completed and personally signed by the student, an appropriate WCTC representative and the Dean of Student Services or designee.**