

# Program Application Fee Waiver Request

To be considered for a waiver of the \$30 application fee, print or type the information below and personally sign the certification statement. Email, fax, or mail this form to the Office of Admissions by the application completion deadline for the program and term indicated. After the fee waiver has been processed, you will notice an update to your application checklist. View your application checklist online at [www.wctc.edu/app-status](http://www.wctc.edu/app-status).

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

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

Email address: \_\_\_\_\_ Phone number: \_\_\_\_\_

Program applying for: \_\_\_\_\_

Start term (fall or spring): \_\_\_\_\_ Year: \_\_\_\_\_

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

- Family receives low-income public assistance or lives in federally subsidized public housing.
- Family participates in a federal free or reduced-price school meals program.
- Student resides in a foster home, is a ward of the state or is homeless.
- Family income is at or below the 2018-2019 Income Eligibility Guidelines set by the USDA Food and Nutrition Service:

No. in family	Total income before taxes
1	\$22,459
2	\$30,451
3	\$38,443
4	\$46,435

No. in family	Total income before taxes
5	\$54,427
6	\$62,419
More than 6	Plus \$7,992 for each additional family member

**Certification Statement:** I certify that I understand and meet the eligibility requirements to request an admission application fee waiver.

\_\_\_\_\_  
Student's signature

\_\_\_\_\_  
Date

The fee waiver is not valid for a refund of a previously submitted application fee nor is it valid on shared/collaborative program application fees. This request is valid for two years and only if it is properly completed and personally signed by the student.

