AP/IB/PSAT-NMSQT/SAT Exam Fee Reduction Application 2021-2022 Student Eligibility Verification

		-	
1 Stuc	lent In	formati	ion

Last Name	First Name	MI	Grade	Date
Ot alore ID Novel or				
Student ID Number	Email Address			
Contact Phone Number	School of attendance			
Contact Friorie Number	School of attendance			
If applicable, student's Federa	l al Free-Reduced Lunch Num	nher:		
If applicable, student's Federal Free-Reduced Lunch Number:				
Receiving Special Education services? Yes or No	List exam(s) for which application is being submitted:			

II. The student qualifies for the AP/IB Fee Reduction Program

Household income does not exceed 185 percent of the federal poverty income guidelines. (See page 2). Annual gross or total income level is used to determine eligibility (if you are using a U.S. Individual Income Tax Return Form 1040, refer to line 22; line 15 on the 1040A; and line 1 on the 1040EZ). This category **includes students who are eligible to participate in the Federal Free or Reduced-Price Meal Program.**

III. Verification of Need – Family or Student (18 years or older, not a dependent)

I certify need for financial assistance to pay for the AP/IB test fees and that our household income during the preceding year did not exceed 185 percent of the federal poverty income guidelines.					
Signature of Parent/Guardian or Student	 Date				
For School Use Only – Review income documentation	n and identify source.				
☐ Government agency – Department of Social Service ☐ Most recently filed federal income tax return ☐ Pay receipts ☐ Free/Reduced Price Meal Verification ☐ Other – specify:	s, Social Security Administration, etc.				
Signature of Designated School Personnel	 Date				

USDA Food and Nutrition Service Income Eligibility Guidelines for 2021-22

The following table lists annual family incomes by family size, at 185% of the poverty level. If the student's annual family income falls within the amount listed in the relevant row and column, that student qualifies for an AP/IB/PSAT-NMSQT or SAT Exam fee reduction.

Size of Family Unit	Annual Family Income* for 48 Contiguous States, Washington, D.C., Guam, and U.S. Territories	Annual Family Income* for Alaska	Annual Family Income* for Hawaii
1	\$23,828	\$29,508	\$27,158
2	\$32,227	\$39,868	\$36,686
3	\$40,626	\$50,228	\$46,213
4	\$49,025	\$60,588	\$55,741
5	\$57,424	\$70,948	\$65,268
6	\$65,823	\$81,308	\$74,796
7	\$74,222	\$91,668	\$84,323
8	\$82,621	\$102,028	\$93,851
For each additional family member, add:	\$8,399	\$10,360	\$9,528