

**MURRIETA MESA HIGH SCHOOL
REQUEST FOR FEE WAIVER
2018-2019**

Student Name _____ Grade _____

I am requesting a fee waiver for: AP test(s)
Name of Exams

To be eligible for a fee waiver, you must:

- Be an eleventh- or twelfth – grade student who is a U.S. citizen (testing in the United States or internationally) or a foreign national testing in the United States, U.S. territories, or Puerto Rico.
- Meet one or more of the following requirements (Please check all that apply).

- You are enrolled in a free or reduced price lunch program.
- Your family’s annual income falls within the levels listed in the chart at the right.
- Your family receives public assistance.
- Your family lives in federally subsidized public housing.
- You are a resident in a foster home, is a ward of the state or homeless.

Income Eligibility Guidelines

NUMBER OF MEMBERS IN HOUSEHOLD	TOTAL ANNUAL INCOME *in preceding calendar year (Including head of Household)
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<input type="checkbox"/>	1	\$22,459
<input type="checkbox"/>	2	\$30,451
<input type="checkbox"/>	3	\$38,443
<input type="checkbox"/>	4	\$46,435
<input type="checkbox"/>	5	\$54,427
<input type="checkbox"/>	6	\$62,419
<input type="checkbox"/>	Each add'l	plus \$ 7,992 each

1. The household size should be the number of household members plus the filer on the family’s current tax statement. A student who is in foster care is considered a household size of one person.
2. Income levels are based on the USDA Food and Nutrition Service Income Eligibility Guidelines used by schools, institutions, and facilities participating in the National School Lunch Program.

More than six members in the household?

To determine income levels for families with more than six household members, take the annual allowance for six members (\$62,419) and add \$7,992 for each additional member.

If requested, this information can be verified by submitting confirmation from a government agency or a photocopy of most recently filed federal income tax return.

Student Signature

Parent/Legal Guardian Signature

Date Received _____

Approved _____ Not Approved _____