2014 FEE WAIVER REQUEST FORM

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 who wish to be considered for an application fee waiver for their first four (4) campus choices must submit one of the forms below.

- 2014 Fee Waiver Request 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

All forms require the signature of a school counselor or transfer advisor. If you are an adult learner and cannot obtain a counselor or advisor signature, you must submit proof of income with your request. Proof of income includes any of the following: most recent income tax return; Student Aid Report from your FAFSA submission; Statement of Social Security; or proof of unemployment insurance benefits.

Household Size	Annual Income
1	$21,257
2	28,694
3	36,131
4	43,568
5	51,005
6	58,442
7	65,879
8	73,316*

**Plus $7,437 for each family member in excess of eight*

Financial eligibility is determined by the family income guidelines shown in the table to the left. 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.

If eligibility is confirmed, the ASC will grant an application fee waiver for the first four (4) campus choices you have selected. 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)

I meet the criteria above and am requesting an application fee waiver.

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: _____

Household size (including head of household): _____ Total annual household 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: _____

School Counselor/Transfer 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. 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.

School Counselor/Transfer Advisor Signature: _____ Date: _____

High School/College Name: _____

_____ / _____ / _____
City State Zip

Internal Use Only