

## Student section

After completing this section, send this form to your secondary/high school counselor or another school official. If applying via mail, please also provide your school official stamped envelopes addressed to each college.

### Student details

Legal name \_\_\_\_\_  
First/given Middle Last/family/sur (Enter name exactly as it appears on official documents.) Suffix

Date of birth \_\_\_\_\_ Email \_\_\_\_\_ CAID (Common App ID) \_\_\_\_\_  
mm/dd/yyyy

### Address

\_\_\_\_\_  
Number and street Apartment number City/town

\_\_\_\_\_  
County State/province Country ZIP/postal code

Current secondary/high school \_\_\_\_\_ CEEB code \_\_\_\_\_

### Fee waiver eligibility

You are eligible for application fee waivers if you meet one or more of the following criteria:

- You are enrolled in or eligible to participate in the federal free or reduced price lunch program.
- You have received or are eligible to receive an SAT or ACT fee waiver.
- Your annual family income falls within the income eligibility guidelines set by the USDA Food and Nutrition Service.
- Your family receives public assistance.
- You are enrolled in a federal, state, or local program that aids students from low-income families (e.g., GEAR UP, TRIO such as Upward Bound or others).
- You live in a federally subsidized public housing, a foster home or are homeless.
- You are a ward of the state or an orphan.
- You have received or are eligible to receive a Pell Grant.
- You can provide a supporting statement from a school official, college access counselor, financial aid officer, or community leader.

Do you meet one or more of the Common App fee waiver eligibility criteria?

Yes  No

Signature \_\_\_\_\_ Date \_\_\_\_\_  
mm/dd/yyyy

## Counselor section

### Counselor details

Name \_\_\_\_\_  
Prefix First/given Middle initial Last/family/sur Suffix

Title \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Include country code, number, and extension (if applicable)

Email \_\_\_\_\_

### School details

School name \_\_\_\_\_ CEEB code \_\_\_\_\_ Website \_\_\_\_\_

Address \_\_\_\_\_  
Number and street City/town

\_\_\_\_\_  
County State/province Country ZIP/postal code

## Fee waiver eligibility

This student indicated that they believe they meet the eligibility requirements for a Common App fee waiver. To the best of your knowledge, do you believe the student is eligible for a Common App fee waiver?

Yes  No

You may use this space to provide any additional information in support of this student's fee waiver eligibility.

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Signature \_\_\_\_\_ Date \_\_\_\_\_  
*mm/dd/yyyy*

Please send this form directly to each college admission office. Do not send this form to Common App.