

To be considered for a fee waiver, students must:

- Complete and submit this fee waiver request form.
- Of low socioeconomic status (qualify for free/reduced lunch).
or
- Be first-generation, college-bound students.
or
- Have been in the foster system for any amount of time in the past or currently.
- Have a counselor or administrator certify this request for a fee waiver.

If eligibility is confirmed and waivers available, the Buchtel College of Arts and Sciences will grant a program fee waiver for the UA Core Summer Program. If eligibility is confirmed and waivers unavailable, student will be placed on a waitlist.

Student Confirmation (all fields are required)

Student Name: _____
Last
First
Middle

Address: _____
Street
City
State
Zip

Phone: _____ E-mail: _____

My signature confirms that:

- I meet the criteria above and am requesting a program fee waiver.
- I agree to provide financial documentation in support of this fee waiver **if it is requested of me.**
- I understand that there are limited fee waivers available, and if all fee waivers are assigned at the time of this request, I will be placed on a waiver waitlist. If I choose to pay the program fee and am later granted a waiver, I will be reimbursed.

Student Signature: _____ Date: _____

Parent/Guardian Name (printed): _____ Relation to Student: _____

Parent/Guardian Signature: _____ Date: _____

Verification (Option 1 or Option 2 required)

Option 1: High School Counselor Certification

To the best of my knowledge, the student meets the requirements outlined on this fee waiver form. The student is aware that financial documentation in support of this fee waiver may be requested.

Counselor Name: _____ Counselor Signature: _____ Date: _____

High School: _____ City: _____ State: _____

Option 2: College Prep Program Administrator Certification

To the best of my knowledge, the student meets the requirements outlined on this fee waiver form. The student is aware that financial documentation in support of this fee waiver may be requested.

Admin Name: _____ Admin Signature: _____ Date: _____

High School: _____ City: _____ State: _____