Application Fee Waiver

Please complete this Application Fee Waiver Request and return it to the Admissions Office along with your completed application and financial information.

Date_____

Parent/Guardian(s) Name _____

Student's Name_____

I am requesting my daughter's application fee be waived because (please state reason):

_____ _____

Parent/Guardian(s) Name Signature Date

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For office use only:

The waiver possibilities are: _____ Complete waiver

_____ Not Approved

_____ _____

Robert J. Porter Date

Chief Administrative Financial Officer