

Advanced Placement(AP) Fee Reduction

Please read the following information.

To qualify for AP Exam fee reductions any of the following criteria is allowed:

- Students who are either enrolled or eligible to participate in the Federal Free or Reduced-Price Meal Program.
- The student is enrolled in a federal, state or local program that aids students from low-income families (e.g. Federal TRIO programs such as Upward Bound)
- The student's family receives public assistance
- The student lives in federally subsidized public housing or a foster home or is homeless
- The student is a ward of the state or an orphan

If you have been approved for the Reduced Price Meal Program you will need to provide the 2019-2020 approval letter at the time you register for your AP exams. You do not need to fill out this form.

If you qualify for the fee reduction using any of the other criteria you must complete the form on the reverse side of this page. Then return the form along with copies of your supporting documents to Mr. Randy Barrozo in A-111 **during lunch ONLY beginning Tuesday, September 10 and no later than Tuesday, September 17.**

If you have any questions or concerns, please contact Mr. Randy Barrozo, Counselor at barrozo.randyl@pusd.us

Advanced Placement (AP) Exam Fee Student Eligibility Documentation

Student Information

Last Name _____ First Name _____ MI _____

Grade _____ ID# _____

Family Verification of Need

I certify that my student qualifies for the AP Exam fee reductions due to the following criteria (mark 1):

The student is eligible to participate in the Federal Free or Reduced-Price Meal Program.

The student is enrolled in a federal, state or local program that aids students from low-income families (e.g. Federal TRIO programs such as Upward Bound)

The student's family receives public assistance

The student lives in federally subsidized public housing or a foster home or is homeless

The student is a ward of the state or an orphan

You must provide confirmation/verification of the above for your fee waiver to be approved.

Signature of Parent or Legal Guardian _____ Date _____

Approved for Fee Reduction	Yes	No
Signature _____		Date _____

