



APPLICATION FEE WAIVER

Apply Kansas: College Application Month

www.kacrao.org/applyks

Email: applyks@kacrao.org

Apply Kansas: College Application Month has reached an agreement with the public universities in Kansas (Emporia State University, Fort Hays State University, Kansas State University, Pittsburg State University, University of Kansas, Washburn University and Wichita State University) to allow this form to serve as a common fee waiver request form.

To be considered for an application fee waiver, a student must submit a complete application and be eligible for admission. Application fee waivers will be awarded to admissible students who have submitted an application for admission, transcript, test scores and this form on a funds-available basis.

Please complete this form and return it to the appropriate university's Office of Admissions.

To be completed by counselor/liaison:

To be considered for an application fee waiver, a student must meet one of the following requirements and submit a complete application for admissions. Please attach any additional documentation to support this request.

Student Name (first name, middle initial, last name) _____

Date of Birth _____ Address _____

Check all that apply:

- | | |
|--|---|
| <input type="checkbox"/> Receives an ACT/SAT Fee Waiver | <input type="checkbox"/> Participant in Federal TRIO program |
| <input type="checkbox"/> Participant in Federal Free/Reduced Lunch Program | <input type="checkbox"/> Upward Bound |
| <input type="checkbox"/> Participant in Project Discovery | <input type="checkbox"/> Talent Search |
| <input type="checkbox"/> Participant in GEAR UP | <input type="checkbox"/> Student Support Services |
| <input type="checkbox"/> Participant in 20/20 Leadership Program | <input type="checkbox"/> Educational Opportunity Center |
| <input type="checkbox"/> Selected as Kauffman Scholar | <input type="checkbox"/> Upward Bound Math & Science |
| <input type="checkbox"/> Other unique need or circumstances (write below): | <input type="checkbox"/> LULAC |
| | <input type="checkbox"/> Participant in Expanding College Opportunities Program |

I, the High School Counselor/Program Liaison, verify that the student named on this document participates in the qualifying program(s). I also understand that the Office of Admissions will not process the application until all documents are received and the student is admissible.

Counselor/Liaison Signature

Counselor/Liaison Printed Name

Date

Phone Number

Email Address

Sponsoring Program, High School or College

City

State