ADVANCED PLACEMENT PROGRAM

**2016** Test Fee Waiver Application Form

The Maryland State Department of Education has entered into a fiscal contract with the Federal Government Grant Program and The College Board, allowing public and private schools to provide AP exam fee waivers for students who meet eligibility requirements based on family income. A limited number of fee waivers have been made available to students in Harford County Public Schools.

If you meet one or more of the guidelines listed below, complete and return this form ASAP but no later than **February 22, 2016** to the **Counseling Office** to be considered for a fee waiver. The cost of the exam for eligible students receiving a State fee waiver will be **$20.00.**

**THE INFORMATION PROVIDED ON THIS FORM WILL REMAIN CONFIDENTIAL.**

Name of Student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please check the appropriate item or items to indicate your student’s eligibility:

\_\_\_\_\_ My student is eligible for the free or reduced lunch program.

\_\_\_\_\_ My family receives assistance under Part A of Title IV of the Social Security Act.

\_\_\_\_\_ My student is eligible to receive medical assistance under the Medicaid Program under Title XIX

of the Social Security Act.

\_\_\_\_\_ My student is a member of a family whose taxable income for the preceding year did not exceed

185% of the poverty level as established by the US Census Bureau. The table below lists annual family incomes, by family size at 185% of the poverty level.

INCOME ELIGIBILITY Guidelines

(Effective July 1, 2015 through June 30, 2016)

|  |  |  |  |
| --- | --- | --- | --- |
| Household Size | Free or Reduced-Price Meals | | |
| Year | Month | Week |
| 1 | $21,775 | $1,815 | $419 |
| 2 | $29,471 | $2,456 | $567 |
| 3 | $37,167 | $3,098 | $715 |
| 4 | $44,863 | $3,739 | $863 |
| 5 | $52,559 | $4,380 | $1,011 |
| 6 | $60,255 | $5,022 | $1,159 |
| 7 | $67,951 | $5,663 | $1,307 |
| 8 | $75,647 | $6,304 | $1,455 |
| For each additional family member add … | $7,696 | $642 | $148 |

Parent Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_