



APPLICATION FEE WAIVER
Apply Kansas: College Application Month
kansasregents.org/students/apply-kansas

Apply Kansas: College Application Month has created this form to serve as a common fee waiver for institutions* within the state of Kansas. (Note- none of the Kansas community colleges have applications fees)

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.

**form does not need to be submitted to KU, KSU, WSU as Fee Waiver eligibility is embedded in their application.*

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:

- Receives an ACT/SAT Fee Waiver
- Participant in Federal Free/Reduced Lunch Program
- Participant in Project Discovery
- Participant in GEAR UP
- Participant in 20/20 Leadership Program
- Selected as Kauffman Scholar
- Other unique need or circumstances (write below):

- JAG-K (Jobs for America's Graduates KS)
- Participant in Federal TRIO program
 - Upward Bound Program
 - Talent Search
 - Student Support Services
 - Educational Opportunity Center
 - Training Program for Federal TRIO Programs Staff
- 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