

AP Fee Assistance Request Form

Name _____ Date _____ Email address _____

Number of exams _____ Amount owed \$ _____ Amount requested \$ _____

Everyone's financial circumstances are different, so please explain the reason for your need in the space below. This is usually required by each organization that donates money for this purpose. Your comments and explanation will contribute to the decision to either approve or deny your request. It is suggested that you and your family contribute in some way as most donating organizations will not pay for the entire exam. Please return this form to the Counseling Office when completed.

Student Signature/date _____

Parent Signature/date _____

For office use only:

Approved _____ Deny _____

Funding source and amount WEA _____ COG _____ Acad Boosters _____ WEF _____

10/17/sla