

AP Exam Fee Reduction Application 2016 Student Eligibility Verification

I. Student Information

Last Name	First Name	MI	Grade	Date
Student ID Number	Email Address			
Contact Phone Number	School of attendance			
If applicable, student's Federal Free-Reduced Lunch Number:				
Receiving Special Education services? Yes or No	List Exams to be registered for in 2016			

II. The student qualifies for the AP/IB Test Fee Reimbursement Program

Household income does not exceed 185 percent of the federal poverty income guidelines. (See page 2). Annual gross or total income level is used to determine eligibility (if you are using a U.S. Individual Income Tax Return Form 1040, refer to line 22; line 15 on the 1040A; and line 1 on the 1040EZ). This category **includes students who are eligible to participate in the Federal Free or Reduced-Price Meal Program.**

III. Verification of Need – Family or Student (18 years or older, not a dependent)

I certify need for financial assistance to pay for the AP/IB test fees and that our household income during the preceding year did not exceed 185 percent of the federal poverty income guidelines.

Signature of Parent/Guardian or Student

Date

For School Use Only – Review income documentation and identify source.

- Government agency – Department of Social Services, Social Security Administration, etc.
- Most recently filed federal income tax return
- Pay receipts
- Free/Reduced Price Meal Verification
- Other – specify:

Signature of Designated School Personnel

Date

*** This form is to be retained by the school district for five years.**

Statement of Income Eligibility 2015-2016

Please use the Household Size and Annual Income (Adjusted Gross Income - 2014 Tax Return) Scale below to determine if you are Eligible or NOT Eligible for a subsidy for payment of AP Exams.

Federal 2014-2015 Annual Low-Income Levels Effective July 2015-June 2016	
Household Size	Annual Income
1	\$21,775
2	\$29,471
3	\$37,167
4	\$44,863
5	\$52,559
6	\$60,225
7	\$67,951
8	\$75,647
Each additional family member add:	+\$7,696

Check box:

- Eligible for subsidy for AP exam(s)** – Complete Form Below
- NOT Eligible for subsidy for AP exam(s)** – Do **Not** Complete Form Below

Complete the information below only if eligible for the subsidy as per Federal 2015-2016 Income Scale above.

I, _____, parent/guardian, of _____,
(Student name)

certify that my family household income is within the income guidelines for a family of _____ (write number of family members).

 Parent/Guardian Signature

 Date

**Federal 2015–16 Income Eligibility Guidelines
Advanced Placement/International Baccalaureate Test Fee Program**

Effective July 1, 2015 through June 30, 2016

Size of Family Unit	185 Percent Income Level				
			Twice Per	Every Two	
	ANNUAL	MONTHLY	MONTH	WEEKS	WEEKLY
1	\$21,775	\$1,815	\$908	\$838	\$419
2	\$29,471	\$2,456	\$1,228	\$1,134	\$567
3	\$37,167	\$3,098	\$1,549	\$1,430	\$715
4	\$44,863	\$3,739	\$1,870	\$1,726	\$863
5	\$52,559	\$4,380	\$2,190	\$2,022	\$1,011
6	\$60,255	\$5,022	\$2,511	\$2,318	\$1,159
7	\$67,951	\$5,663	\$2,832	\$2,614	\$1,307
8	\$75,647	\$6,304	\$3,152	\$2,910	\$1,455
For each additional family member	\$7,696	\$642	\$321	\$296	\$148

The figures shown under family income represent amounts equal to 185 percent of the family income levels established by the Department of Agriculture, Food and Nutrition Service, Child Nutrition Programs – Income Eligibility Guidelines, in the Federal Register, Vol. 80, No. 61, March 31, 2015, p.17027.