AP/IB Exam Fee Reduction Application 2019-2020 Student Eligibility Verification

\sim		4 1		4.
∨ tı	IADI	nt ∣	Intori	mation
 JLU	ıucı	16		папоп

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	List Exams to be registered for in 2019:				
services? Yes or No	_				

II. The student qualifies for the AP/IB Fee Reduction 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						
Signature of Designated School Personnel	Date					

Federal 2019-20 Income Eligibility Guidelines Advanced Placement/International Baccalaureate Test Fee Program

Effective July 1, 2019 through June 30, 2020

Size of Family	Annual Family	Annual Family	Annual Family
Unit	Income*	Income* for	Income* for
		Alaska	Hawaii
1	\$23,107	\$28,860	\$26,603
2	\$31,284	\$39,091	\$36,001
3	\$39,461	\$49,321	\$45,339
4	\$47,638	\$59,552	\$54,797
5	\$55,815	\$69.782	\$64,195
6	\$63,992	\$80,013	\$73,593
7	\$72,169	\$90,243	\$82,991
8	\$80,346	\$100,474	\$92,389
Each add'l	\$81,77	\$10,231	\$9,398
family			
member add:			

^{*} The figures shown under family income represent amounts equal to 185 percent of the 2019-20 federal income poverty guidelines established by the U.S. Department of Health and Human Services. These levels were published in the Federal Register, Vol. 84, No. 54, 3/20/19, pp.10295-98.