AP/IB/PSAT-NMSQT/SAT Exam Fee Reduction Application 2026-2027
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 2026-2027			

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 details linked HERE). 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