

2018-2019 Student Eligibility Verification Advanced Placement Test Fee Program

I. Student Information

Last Name	First Name	MI	Grade	ID#
High School of Attendance				

II. The student qualifies for the AP Test Fee Program

Household income does not exceed 185 percent of the federal poverty income guidelines. Annual gross or total income level is used to determine eligibility (if you are using a U.S. Individual Income Tax Return Form 1040). This category **includes students who are eligible to participate in the Federal Free and 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 exam fees and that our household income during the preceding year did not exceed 185 percent of the federal poverty income guidelines.

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

Signature of Parent/Guardian	Date

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

Parent/student statement

Signature of Designated School Personnel	Date

*** This form is to be retained by SMUSD for five years.**