



SUNY ORANGE
Office of Admissions
APPLICATION AND PLACEMENT TEST
FEE WAIVER REQUEST FORM

Applicants to SUNY Orange, who are residents of New York State and/or U.S. citizens, and wish to be considered for an application fee waiver, must submit one of the forms below:

- 1. SUNY Orange application fee waiver form (this form) with either:
- A school counselor signature
- Proof that you receive Social Service Benefits, Social Security, SSI, unemployment benefits, or that you meet the income requirements shown in the table below, etc.
2. Request for SUNY Admissions Application Fee Waiver form (requires a school counselor signature)
3. ACT or SAT fee waiver form (or other official form from a recognized community agency such as the Urban League)

Financial eligibility is primarily determined by the family income guidelines shown in the table below. These are the same guidelines as those used by the SUNY System.

Table with 2 columns: Household Size (1-8) and Annual Income (\$20,665 to 71,947*)

*Plus \$7,326 for each family member in excess of eight

Applicant Section
(all fields are required)

- 1. LEGAL NAME: First Middle Last
2. BEGINNING SEMESTER: Fall 20, Summer 20, Spring 20
3. DATE OF BIRTH: Month Day Year
4. STUDENT ID: A
5. MAILING ADDRESS: City State Zip Code
6. TELEPHONE:
7. EMAIL:
8. NUMBER OF DEPENDENTS IN HOUSEHOLD (including head of household)
8. TOTAL INCOME (all sources)

** Attach supporting documentation **

My signature below confirms that the information I have provided is accurate. I understand that if my fee is not waived, I am responsible for the payment of the fee. The supporting documentation for this fee waiver request is included along with this form.

- 9. SIGNATURE:
10. DATE:
11. SIGNATURE OF HEAD OF HOUSEHOLD (if different):

Counselor Section
(if appropriate)

To the best of my knowledge, payment of the application fee(s) would present a financial hardship to this applicant and the applicant's family. The applicant is aware that financial documentation in support of this fee waiver may be requested.

Counselor Signature: Date:
High School/Organization Name: City: State: Zip:

For Office Use ONLY

Approval checkboxes: Approved, Denied, Needs Documentation, VETERAN, DEPENDENT OF VETERAN. Signature and Print Name fields.