



UNDERGRADUATE FEE WAIVER INSTRUCTIONS AND FORM

The Office of Admissions has a fee waiver program available to individuals who qualify under one or more of the following conditions. The application fee waiver covers the cost of applying for admission to ASU's undergraduate programs.

I. To qualify, an applicant must be a United States citizen, permanent resident or a student identified under Senate Bill 1528. Post baccalaureate and international applicants do not qualify for the fee waiver option and are required to pay the application fee.

The form and original supporting documents must be mailed to:

Angelo State University
Office of Admissions
ASU Station #11014
San Angelo, TX 76909

II. An applicant must demonstrate proof that the application fee causes a serious financial hardship. To show financial hardship, submit at least one of the following documents to the Office of Admissions:

- Letter from a caseworker that identifies the applicant as a ward of the state or resident in foster care
Letter from applicant's current school district indicating he/she qualifies for free and/or reduced lunches
Copies of most recent income tax forms that show the applicant's total family income at or below the economic index in the graph below (before taxes)

Table with 2 columns: NO. IN THE FAMILY, 2011 TOTAL INCOME. Rows for 1, 2, 3, 4 family members with corresponding income values.

Add \$3,820 for each additional family member. These amounts were established by the U.S. Federal Government for 2011.

The index figures are based on your parents' income unless you meet any of the criteria listed below. If you meet any of these criteria, you will need to supply your own tax return:

- You are 24 years old or older
You are married
You are an active duty member or veteran of the Armed Forces
You have children or legal dependents that you support
You are orphaned, a ward of the court, an emancipated minor, an unaccompanied youth by school or HUD, or you are homeless

Angelo State University Application Fee Waiver Form

Full Name*: _____

Address*: _____ State*: _____ Zip*: _____

Telephone Number: () _____ Date of Birth*: _____ - _____ - _____ Age*: _____

Attached is my documentation of *: [] School District/State Agency letter with signature [] Proof of Family Economic Status (Tax Return Attached)

I certify the information is true and correct to the best of my knowledge.

Student Signature