

FEE WAIVER REQUEST



Please see the *Praxis*® Bulletin for information on applying for a fee waiver. If you qualify for a fee waiver, the test fees for up to three *Praxis* Core Academic Skills for Educators tests or one *Praxis* Subject Assessment may be waived.

PLEASE PRINT ALL INFORMATION BELOW.

NAME: Print your last name, first name, and middle initial.																								
Last Name															First Name					M.I.				
PRESENT ADDRESS: Number and Street (include apartment number)																								
NUMBER AND STREET																								
CITY															STATE					ZIP CODE				
SOCIAL SECURITY NUMBER												DAYTIME TELEPHONE NUMBER												
-												-												

TEST FOR WHICH YOU ARE REQUESTING A FEE WAIVER. ONLY ONE FEE WAIVER GOOD FOR UP TO THREE TESTS WILL BE ISSUED PER TEST TAKER PER TESTING YEAR

TEST CODE(S)		

Fee Waiver Request Personal Information*:

(This information must be provided in order for your application to be considered.)

- Family Size (including yourself) _____
- Number of Dependents (as defined by Federal Income Tax Form) _____
- Current Education Level _____
- Tuition for 2016–17 \$ _____
- Gross Family Income (including your own) As Reported on the Latest Federal Income Tax Form: \$ _____
- Name of Institution or Agency Requiring Your Scores (must be an authorized score recipient) _____
- Name of Institution You Currently Attend _____

* Information provided on this form is considered confidential.

Income Guidelines	
Family Size (including student)	Maximum Total Family Income*
1	\$32,315.21
2	\$37,619.24
3	\$42,429.52
4	\$45,026.62
5	\$48,851.56
6	\$51,426.91
7	\$54,027.26
8	\$56,615.65
9	\$59,204.05
10	\$61,776.13

*Including the student's income before taxes.

Testing Information	
FEE WAIVER REQUESTS must be received by the appropriate closing dates shown below. Late or incomplete requests will be returned unprocessed. Funds may be exhausted prior to the closing date for the time period you request. If your requirement for testing allows, you may indicate a second date choice by checking two boxes below. Please check the box corresponding to the time period in which you plan to test.	
If You Plan to Test Between:	Closing Date for Requesting a Fee Waiver
<input type="checkbox"/> September–December	August 31, 2016
<input type="checkbox"/> January–March	November 23, 2016
<input type="checkbox"/> April–June	February 16, 2017
<input type="checkbox"/> July–September	May 25, 2017

Financial Aid Information:

(This section must be completed and signed by the financial aid director of the institution. The embossed school seal must be affixed over the signature or the signature must be notarized in the appropriate place below.)

- Is the test taker receiving financial aid?
[] yes [] no
- If yes, how much _____
- How will the scores be used?
[] admission into teacher education program
[] initial certification
[] other (briefly explain) _____

Mail completed form to:

ETS—Praxis
PO Box 6051
Princeton, NJ 08541-6051

Signature _____

Institution _____

