



**OFFICE OF
ADMISSIONS**
Illinois State University

Office of Admissions

201 Hovey Hall
Campus Box 2200
Normal, IL 61790-2200
Phone: (309) 438-2181
(800) 366-2478
TTY: (309) 438-2006
IllinoisState.edu

Fee Waiver Verification Form

Student Name _____

Birthdate _____

Please check the reason(s) the student qualifies for an application fee waiver.

- Student has received or is eligible to receive an SAT or ACT testing fee waiver.
- Student is enrolled in or is eligible to participate in the Federal Free or Reduced Price Lunch program.
- Student's annual family income falls within the Income Eligibility Guidelines set by the USDA Food and Nutrition Service.
- Student is enrolled in a federal, state, or local program that aids students from low-income families (for example, TRiO programs such as Upward Bound).
- Student's family receives public assistance.
- Student lives in federally subsidized public housing, a foster home, or is homeless.
- Student is a ward of the state or an orphan.
- Other. Please state the reason why the student should be eligible for waiver.

Certification by School Official

By signing below, I verify that the information provided is accurate.

School Official Signature *Print Name*

Position Title *Phone Number*

School or College *Date*

Please email to Admissions@IllinoisState.edu or mail this form to:

Office of Admissions
Campus Box 2200
Normal, IL 61790-2200