



2010 SUNY Orange Application 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 below (the first three options require a school counselor signature):

- The SUNY Orange application fee waiver form (this form)
- A letter from a school counselor confirming that payment of the application fee would present a hardship to the student and/or the student's family
- An ACT or SAT fee waiver form (or other official form from a recognized community agency such as the Urban League)
- Proof that you receive Social Service Benefits, Social Security or SSI, unemployment benefits, etc.
- A letter requesting a fee waiver along with proof that you meet the income requirements shown in the table below

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. Your school counselor can also be very helpful in determining if you are an appropriate candidate for an application fee waiver.

Household Size	Annual Income
1	\$24,420
2	29,990
3	35,570
4	41,150
5	46,720
6	53,320
7	57,860*
*Plus \$570 for each family member in excess of seven	

Applicant Section

Applicant Name: _____
Applicant Social Security Number (optional): _____
Street Address: _____
City: _____ State: _____ Zip: _____
Phone Number: _____
Number of dependents in household (including head of household): _____
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 to pay the fee before I am able to register for classes. The documentation in support of this fee waiver is included along with this form.

Signature of Applicant: _____ Date: _____
Signature of Head of Household (if different): _____

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