



**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.
- Student qualifies for full federal aid with an expected family contribution (EFC) of \$1000 or less.
- Other. Please state the reason why the student should be eligible for waiver.

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### Certification by School Official

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

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Print Name*

\_\_\_\_\_  
*Position Title*

\_\_\_\_\_  
*Phone Number*

\_\_\_\_\_  
*School or College*

\_\_\_\_\_  
*Date*

Please email to [Admissions@IllinoisState.edu](mailto:Admissions@IllinoisState.edu) or mail this form to:

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Campus Box 2200  
Normal, IL 61790-2200