

Admissions Office, Box 358500 18115 Campus Way NE Bothell, WA 98011-8246

ADMISSIONS APPLICATION FEE WAIVER FORM

Please complete the following questionnaire and return it to the Admissions Office along with your admissions application. Receiving a fee waiver will not have any bearing whatsoever on your application for admission, nor will the information provided below be released to anyone for any purpose.

Name:		
First	Middle	Last
Address:		
City:	State:	Zip:
Phone:	Email	Address:
Date of Birth:	Enroll	ment Term:
DEPENDENT	INDEPH	ENDENT
Annual Income (Parents):Curren	Annual Annual	Income (Self/Spouse):Current Year
Family Size:		Size:
Annual Income (Parents): Previous	Annual SYear's	Income (Self/Spouse): Previous Year's
Family Size:	Family	Size:
		in this application are complete and true.
Parent's Signature(s): (If Dependent)		Date
Student's Signature:		Dete
FOR OFFICE USE ONLY		Date
Application for Waiver: Acce	pted:	Denied:
Signature:		Date