

FINANCIAL AID OFFICE 1600 GRAND AVENUE SAINT PAUL, MN 55105-1899 www.macalester.edu/financialaid

TEL: 651-696-6214 FAX: 651-696-6866 finaid@macalester.edu

Request for Letter of Support Graduate School Fee Waiver/Reduction Request

Your name:

Some graduate and professional schools are willing to reduce or waive application fees for students who demonstrate that the fees would present a financial hardship. To support your request, the Financial Aid Office can prepare a letter describing your eligibility for need-based financial aid as a Macalester student.

Please complete the information below to initiate your request. You will receive signed letters describing your current financial aid eligibility. These letters may be used to support your request for application fee waiver/reduction. It will be up to each graduate/professional school to grant or deny your request.

Social Security Number	::				
Macalester ID Number:					
Number of Letters Requ	iested:				
Please mail letters to:	☐ SPO	or	☐ I	Permanent Address (specify below)	
			_		
			_		
			_		
Today's Date:					
Signature:					
	(Office	Use Bel	ow This Line)	
☐ Privacy Info Verified			٦	Total Family Income:	
Award Year:			I	ncome Year:	
EFC:	Total Need-Based Aid:				
COV.	□ Latta				