

# Request for Application Fee Waiver

To: Office of Admission

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Name of College or University

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Student's Name

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Student's Address

City

State

Zip

- ☐ Student is a TRiO-Upward Bound participant at Anoka-Ramsey Community College- Cambridge Campus
- ☐ Student qualified for an ACT Fee Waiver
- ☐ Student meets the income guidelines (as stated in the chart below published by the US Dept. of Health and Human Services)

Size of Family Unit	48 Contiguous States, D.C., and Outlying Jurisdictions
1	\$16,245
2	\$21,855
3	\$27,465
4	\$33,075
5	\$38,685
6	\$44,295
7	\$49,905
8	\$55,515

*Please consider granting this request for an application fee waiver based on the information given above. We believe that paying an application fee would present a financial hardship to this applicant and their family. This applicant is eager to pursue their education and appreciates your consideration for this request.*

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Signature of Student

Date

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Signature of Upward Bound Advisor

Date



300 Spirit River Drive South  
Cambridge, MN 55008-5704  
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