



SUNY Orange Admissions 2013 Application Fee Waiver Request Form

Admissions Office, SUNY Orange, 115 South Street, Middletown, NY 10940

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 forms below:

1. SUNY Orange application fee waiver form (this form) with either:
 - A school counselor signature
 - Proof that you receive Social Service Benefits, Social Security, SSI, unemployment benefits, or that you meet the income requirements shown in the table below, etc.
2. Request for SUNY Admissions Application Fee Waiver form (requires a school counselor signature)
3. ACT or SAT fee waiver form (or other official form from a recognized community agency such as the Urban League)
4. Veterans and active duty military personnel with the appropriate documentation or military identification.

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.

Household Size	Annual Income
1	\$20,665
2	27,991
3	35,317
4	42,643
5	49,969
6	57,295
7	64,621
8	71,947*

*Plus \$7,326 for each family member in excess of eight

Applicant Section (all fields are required)

Applicant Name: _____ DOB: _____

Street Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

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 for the payment of the fee. The supporting documentation for this fee waiver request is included along with this form.

Signature of Applicant: _____ Date: _____

Signature of Head of Household (if different): _____

Counselor 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 Signature: _____ Date: _____

High School/Organization Name: _____

City: _____ State: _____ Zip: _____

FOR OFFICE USE ONLY: ☐ Approved ☐ Denied Signature: _____