

## ADVANCED PLACEMENT PROGRAM

### 2020 Test Fee Waiver Application

A limited number of waivers will be available to our students; however, schools cannot guarantee those funds at this time. We have a modest school-based budget that we can use to provide assistance to qualifying students. Regardless of the availability of the waivers, it is our desire that no Linganore student who wishes to take an AP exam be denied the opportunity to do so because of finances.

If you meet any of the guidelines listed below and wish to be considered for a fee waiver, complete and return this application along with the AP exam registration form and payment A.S.A.P., but no later than February 28, to Mrs. Smith in the Assistant Principals' Office. The cost to students receiving a waiver is \$20.00 per exam, which may be paid by check payable to LHS; **School Cash Online may not be used for partial or reduced payments**. Students who complete and return this application by the deadline will be notified of their status by the end of March.

#### **THE INFORMATION PROVIDED ON THIS FORM WILL REMAIN CONFIDENTIAL.**

Name of Student \_\_\_\_\_

Please check the appropriate item or items to indicate your student's eligibility:

\_\_\_\_\_ My student is eligible for a free or reduced lunch program.

\_\_\_\_\_ My family receives assistance under Part a of Title IV of the Social Security Act.

\_\_\_\_\_ My student is eligible to receive medical assistance under the Medicaid Program under Title XIX of the Social Security Act.

\_\_\_\_\_ My student is a member of a family whose taxable income for the preceding year did not exceed 185% of the poverty level as established by the U.S. Census Bureau. The table below lists annual family incomes, by family size at 185% of the poverty level.

#### **INCOME ELIGIBILITY GUIDELINES (Effective July 1, 2018 through June 30, 2019)**

| Household Size                           | Free Meals |       |      | Reduced-Price Meals |         |         |
|--|------------|-------|------|---------------------|---------|---------|
|  | Year       | Month | Week | Year                | Month   | Week    |
| 1  |            |       |      | \$22,459            | \$1,872 | \$432   |
| 2  |            |       |      | \$30,451            | \$2,538 | \$586   |
| 3  |            |       |      | \$38,443            | \$3,204 | \$740   |
| 4  |            |       |      | \$46,435            | \$3,870 | \$893   |
| 5  |            |       |      | \$54,427            | \$4,536 | \$1,047 |
| 6  |            |       |      | \$62,419            | \$5,202 | \$1,201 |
| 7  |            |       |      | \$70,411            | \$5,868 | \$1,355 |
| 8  |            |       |      | \$78,403            | \$6,534 | \$1,508 |
| For each additional Family member add... |            |       |      | \$7,992             | \$666   | \$154   |

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_