

AP Exam Fee Reduction Application 2016-17

Student Eligibility Verification

I. Student Information

Last Name	First Name	MI	Grade	Date
High School of Attendance	John F. Kennedy High School			

II. The student qualifies for the AP/IB Test Fee Program

Household income does not exceed the stated federal poverty income guidelines on the back of this form. Annual gross or total income level is used to determine eligibility (if you are using a U.S. Individual Income Tax Return Form 1040, refer to line 22; line 15 on the 1040A; and line 6 on the 1040EZ). This category includes students who are eligible to participate in the Federal Free and Reduced Price Meal Program.

III. Verification of Need – Family or Student (18 years or older, not a dependent)

I certify need for financial assistance to pay for the AP/IB exam fees and that our household income during the preceding year did not exceed the stated guidelines.

Signature of Parent/Guardian or Student Date

For School Use Only – Review income documentation and identify source.

Government agency – Depart. of Social Services, Social Security Administration, etc.

Most recently filed federal income tax return

Pay receipts

Parent/student statement

Free/Reduced Price Meal Verification

Other – specify: _____

Signature of Designated School Personnel Date

After you and your parent have completed and signed the form, you must attach a copy of your parents' 1040 TAX RETURN for 2016. (If 2016 is unavailable, use 2015 to verify income earned.) and submit it in Mrs. Brown's Office.

Please Note:
(Black out your social security number for personal protection. Please Do Not submit W-2 Forms.)

**Federal 2016–17 Income Eligibility Guidelines
Advanced Placement Test Fee Program**

Effective July 1, 2016 through June 30, 2017

Size of Family Unit	185 Percent Income Level				
			Twice Per	Every Two	
	ANNUAL	MONTHLY	MONTH	WEEKS	WEEKLY
1	\$21,978	\$1,832	\$916	\$846	\$423
2	\$29,637	\$2,470	\$1,235	\$1,140	\$570
3	\$37,296	\$3,108	\$1,554	\$1,435	\$718
4	\$44,955	\$3,747	\$1,874	\$1,730	\$865
5	\$52,614	\$4,385	\$2,193	\$2,024	\$1,012
6	\$60,273	\$5,023	\$2,512	\$2,319	\$1,160
7	\$67,951	\$5,663	\$2,832	\$2,614	\$1,307
8	\$75,647	\$6,304	\$3,152	\$2,910	\$1,455
For each additional family member	\$7,696	\$642	\$321	\$296	\$148

When reviewing the chart, use your US individual tax form 1040 line 22; line 15 on the 1040A and line 6 on the 1040 EZ. On the chart, please circle the correct number of dependents you listed on your tax form, and circle your income level. For example: if your annual income is \$38,000 and family 3, you would circle \$37, 296.

John F. Kennedy Advanced Placement (AP) Exam Registration

Last Name: _____ First Name: _____ Student ID _____ Date _____

Please clearly circle (in pen) or Highlight the tests you will be taking.

Art	English Language (11 th Grade)	Spanish
Biology	English Lit (12 th Grade)	STAT
Calculus AB	French	U.S History (11 th Grade)
Calculus BC (12 th Grade)	Gov/Politics (12 th Grade)	World History (10 th Grade)
Chemistry	Latin	
Chinese	Physics	

Total # of Tests _____ x reg. Cost of Test \$93.00 = _____ Cash _____ Check _____

Total # of Test _____ x fee waiver/reduction cost per test \$5= _____ Cash _____ Check _____

Make check payable to: John F. Kennedy High School

Student Signature: _____ Parent Signature: _____

Registration Dates: March 6- 10, 2017

