

Saddleback Valley Unified School District

Advanced Placement/International Baccalaureate Test Reduced Fee Waiver Statement of Income Eligibility

Advanced Placement (AP) and/or International Baccalaureate (IB) Exams

AP Exam

IB Exam

AP and IB Exams

I. Student Information

Last Name	First Name	MI	Grade	Date
High School of Attendance				

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

Household income does not exceed 185 percent of the federal poverty income guidelines. 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 185 percent of the federal poverty income guidelines.

Signature of Parent/Guardian or Student

Date

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

- Government agency – Department of Social Services, Social Security Administration, etc.
- Most recently filed federal income tax return
- Free/Reduced Price Meal Verification

Signature of Designated School Personnel

Date

*** This form is to be retained by the school district for five years.**