

REGISTRATION HARDSHIP WAIVER REQUEST

for ACT 240

Name of School: _____ Date: _____

Student's Name: _____

Student's Home Address: _____

_____ City State Zip

Student lives with: Parents ___ Mother ___ Father ___ Guardian ___

Parent/Guardian Name: _____

Parent/Guardian Cell/Home Phone Number: _____

Instructions: Please check off all that apply: (Proof of eligibility must be provided.)

I am applying for a hardship waiver for school fees based on the following objective criteria:

- I am receiving unemployment benefits
- I am receiving Temporary Assistance for Needy Families
- I am receiving SNAP benefits
- I am receiving Supplemental Security Income (SSI)
- I am receiving Medicaid
- The student is in foster care or parent is caring for foster children
- I am serving in or have served within the previous year, active military service
- I am an emancipated minor

PARENT/GUARDIAN SIGNATURE

DATE

(Office Use Only)

Approved

Denied (See reason below.)

This application for a hardship waiver has been denied because: _____

PRINCIPAL'S SIGNATURE

DATE