

## Reduced AP Exam Fee - Eligibility

You are eligible if:

- a) You already participate in the Federal Free and Reduced Price Meal Program, or
- b) Your family income did not exceed 185 percent of the federal poverty income guidelines in 2016.

**If you think you are eligible for the reduced exam fee of \$5.00 per exam, complete the tear-off portion of this page and return to Ms. Nordella in the Assistant Principals' Office.**

### Federal 2016-17 Income Eligibility Guidelines Advanced Placement Exam Fee Program

Size of Family Unit	185 Percent Income Level	
	ANNUAL	MONTHLY
<b>1</b>	\$ 21,978	\$1832
<b>2</b>	29,637	2470
<b>3</b>	37,296	3108
<b>4</b>	44,955	3746
<b>5</b>	52,614	4385
<b>6</b>	60,273	5023
<b>7</b>	67,951	5,663
<b>8</b>	75,647	6,304
<b>For each additional family member, add:</b>	\$ 7,696	\$ 642



-----Tear-Off-----

### 2016-17 Statement of Income Eligibility for AP Exam Fee Program

Student's Name \_\_\_\_\_

Parent's/Guardian's Name \_\_\_\_\_

**Check one box. If you check the second box, complete the required information.**

The student named above participates in the Free/Reduced Meal Price Program.

**OR**

I am the parent/guardian named above, and I have received a copy of the Federal 2016-17 Income Eligibility Guidelines for the AP Test Fee Program. I certify that my family household income does not exceed the income guidelines for a family of \_\_\_\_\_ (write number of family members).

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

<b>Office Use Only</b>	Date: _____	Initial: _____
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