

Please return to Mr. Roty in the Counseling Office. Deadline is March 13th. If you have any questions, Mr. Roty can be reached at timothy.roty@sduhsd.net or 436-6136 x6016. Thank you.

## Advanced Placement Test Fee Reimbursement Program Student Eligibility Verification – 2009

### I. Student Information

Last Name	First Name	MI	Grade	Date
Student ID #	Name of High School			
List the exams you will be registering for in 2009:				

### II. Check the category by which the student qualifies for the AP Test Fee Reimbursement Program (Students who are eligible for free and reduced-price meals have a household income that does not exceed 185 percent of the low-income level):

<input type="checkbox"/>	Option I: Household income does not exceed 185 percent of the low-income level (income level after tax deductions). This category <b>includes who are eligible to participate in the free and reduced-price meal program and students that attend a school in which 75 percent or more are eligible for the federal free/reduced price meal program.</b>
<input type="checkbox"/>	Option II: Household income is greater than 185 percent but does not exceed 200 percent of the low-income level (income level after tax deductions).

### III. Family Verification of Need

<b>I certify that my child is in need of financial assistance to pay for the AP test fees and that our household income during the preceding year did not exceed (please check one):</b>	
<input type="checkbox"/> 185 percent of the low-income level	<input type="checkbox"/> 200 percent of the low-income level
<b>I have submitted confirmation of need (please check one) from:</b>	
<input type="checkbox"/> Government agency	<input type="checkbox"/> Photocopy of most recently filed federal income tax return
Signature of Parent or Legal Guardian	Date

### IV. Student Verification of Need

*(For students who are 18 years or older and not a dependent)*

<b>I certify that I am in need of financial assistance to pay for the AP test fees, and my household income during the preceding year did not exceed (please check one):</b>	
<input type="checkbox"/> 185 percent of the low-income level	<input type="checkbox"/> 200 percent of the low-income level
<b>I have submitted confirmation of need (please check one) from:</b>	
<input type="checkbox"/> Government agency	<input type="checkbox"/> Photocopy of most recently filed federal income tax return
Signature of Student	Date

\* The district or school must maintain income eligibility documentation at the school site or district level for five years. The California Department of Education does not require a copy of this form.

### Office Use Only

Approved \_\_\_\_\_ Denied \_\_\_\_\_  
 \_\_\_\_\_ Option I Reduction (College Board and State Support) – Student cost is \$5  
 \_\_\_\_\_ Option II Reduction (State Support) – Student cost is \$5

Administrator's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Advanced Placement Test Fee Reimbursement Program  
Student Eligibility Verification – 2009**

**Federal 2008-09 Annual Low-Income Levels**

Effective July 2008 through June 2009

<b>Size of Family Unit</b>	<b>185 Percent Income Level</b>	<b>200 Percent Income Level</b>
<b>1</b>	\$19,240	\$20,800
<b>2</b>	\$25,900	\$28,000
<b>3</b>	\$32,560	\$35,200
<b>4</b>	\$39,220	\$42,400
<b>5</b>	\$45,880	\$49,600
<b>6</b>	\$52,540	\$56,800
<b>7</b>	\$59,200	\$64,000
<b>8</b>	\$65,860	\$71,200
	<b>Add \$6,660 for each additional family member.</b>	<b>Add \$7,200 for each additional family member.</b>

The figures shown under family income represent amounts equal to 185 percent and 200 percent of the family income levels established by the Census Bureau for determining poverty status. The poverty guidelines were published by the U.S. Department of Health and Human Services in the [Federal Register](#), Vol. 73, No. 69, April 9, 2008, pages 19186-19187.

Note: A student who attends a school where at least 75 percent of all students enrolled are eligible for free or reduced price mean programs is eligible for Option 1 or Option 2 even though family income may exceed these income levels.

**Students:**

You may qualify for an AP fee reduction by meeting one of the following criteria:

1.) You are on the free/reduced lunch list. Please see Mr. Roty in the Counseling Office for verification. You will also need to return a signed AP Fee Reduction Eligibility Application.

**OR**

2.) You qualify by meeting the above income guidelines. You must bring a copy of your parents 2007 income tax form showing taxable income to Mr. Roty in the Counseling Office for verification. You will also need to return a signed AP Fee Reduction Eligibility Application.

\*\*Please see Mr. Roty in the Counseling Office for any questions regarding fee reductions.