



Request for Waiver of University Application Fee (Hawaii Residents)

First Name	Last Name	Middle Name/MI	Any other names used	
UH ID or SSN	Permanent Address: Street	City	State	Zip

Phone Number: _____ e-mail: _____

SECTION I: PLEASE WAIVE MY APPLICATION FEE BECAUSE: (check all that apply)

- A. I participate in the school lunch program at my school
- B. I receive assistance under the "Aid to Families with Dependent Children" (AFDC) program
- C. My family receives assistance from DSSH (food stamps, house allowance etc. (and I am claimed as a dependent on my parent's/legal guardian's personal income tax
- D. I receive assistance from DSSH

SECTION II: STUDENT'S CERTIFICATION

I certify that the information provided is complete and true to the best of my knowledge and belief. I understand that providing incomplete, incorrect or false information my result in the recision of my admission. I understand that I may be required to produce certified documents to substantiate my claim for a waiver of the application fee.

_____ Student's Signature _____ Date

SECTION III: VERIFICATION *(to be completed by appropriate authority- High School counselor, DSSH officer etc.)*

I certify that to the best of my knowledge, the student above is eligible for a waiver of the application fee based on the items listed in Section I (A-C) or provide a copy of DSSH statement.

- A. B. C. DSSH statement provided

_____ Print Name of Counselor, Principal or other department official _____ Name of Institution/ Agency/ Department

_____ Phone Number: _____ Fax Number: _____ e-mail:

_____ Official's Signature _____ Date

INSTRUCTIONS FOR STUDENTS

To be eligible for a waiver of the application fee, you must be a permanent resident of the State of Hawaii. You must meet one of the eligibility requirements noted above (A-D). Your request must be verifiable.