



# 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.