

**UNDERGRADUATE APPLICATION FEE WAIVER**

*University of Illinois at Urbana-Champaign*

**NAME** \_\_\_\_\_  
Last First Middle

**ADDRESS** \_\_\_\_\_  
Number and Street City State and Zip Code

**TELEPHONE** \_\_\_\_\_ **EMAIL ADDRESS** \_\_\_\_\_  
(Area Code) Number

**DATE OF BIRTH** \_\_\_\_\_

**UNIVERSITY OF ILLINOIS COLLEGE APPLIED TO** \_\_\_\_\_

**MAJOR** \_\_\_\_\_

**REASON APPLICATION FEE SHOULD BE WAIVED (Please be as definitive as possible.):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Number of dependants in family \_\_\_\_\_ \*PELL Expected Family Contributions (coming year)

\_\_\_\_\_ Number of dependants in college \_\_\_\_\_ \*ISAC Amount awarded for coming school year.  
(Illinois residents only)

\_\_\_\_\_ Total taxable income for last year

*\*If known*

**PERSON COMPLETING FORM**

*NOTE: Form cannot be signed by the applicant or relative of the applicant.*

\_\_\_\_\_  
Written Signature

\_\_\_\_\_  
Please Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
High School or College Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State and Zip Code

**ATTENTION: FEES UNIT**