

Running Start Fee Waiver Request Form Bellevue College

Running Start is offering assistance with fees for students from low to moderate family incomes. Waivers will be made available to students on a quarter-by-quarter basis. Students must meet the family income maximums identified for their family size indicated below. Requests must be made within 3 days of registration.

Quarter Requesting Assistance (Circle One) **Fall** **Winter** **Spring** **Year** _____

Student's Name _____ **Today's Date** _____

Student Social Security # (may use SID#) _____ - _____ - _____

Student Address _____ **City** _____ **State** _____ **Zip** _____

Phone: Day (____) _____ **Evening** (____) _____

High School _____ **Circle your Grade** JUNIOR SENIOR

Fee amount? _____

Parent's Name _____ **Number living in house** _____

Monthly Family Income \$ _____ X 12 months = \$ _____ (see below for eligibility)

******Please attach 1040 tax doc OR attach verification of free or reduced lunch eligibility.**

Annual Family Income Maximums:

| Family Size | Maximum Family Income (equals 50% of Median State Income) |
|-------------|--|
| 1 | \$19,500 |
| 2 | \$25,500 |
| 3 | \$31,500 |
| 4 | \$37,500 |
| 5 | \$43,500 |
| 6 | \$49,500 |
| 7 | \$50,500 |
| 8 or more | See HSP for amount |

| College Use Only : | |
|---------------------------|---------------------|
| HS Program Approval | AR Processed Acct # |
| \$ _____ | |
| \$ _____ | |
| _____ | |
| HSP Signature | |

I hereby attest under penalty of perjury that the information provided is true and correct to the best of my knowledge. If I receive assistance, my signature below grants Bellevue College the right to release information to appropriate college officials as requested.

Student Signature _____

Date _____

Parent Signature _____

Date _____

| |
|---|
| Do not Write in this Box |
| Recommendation to be completed by someone other than a relative: |
| |
| |
| How do you know this applicant? |
| |
| Printed Name _____ Signature _____ Date _____ |