

UNIVERSITY OF NEBRASKA **UNK** KEARNEY

Date: _____

To: Director of Admissions
Office of Undergraduate Recruitment and Admissions
111 Memorial Student Affairs Building
905 W 25th St
Kearney, NE 68849

Student's Name: _____

Please consider waiving payment of the college admission application fee for the student named above. Given my knowledge of this student's family circumstance I believe that providing the application fee would present a hardship. This request is based on the following need:

- Student participates in the free or reduced-price lunch program at our school
- Student qualified for a fee waiver from the ACT or SAT testing service.
- Family receives public assistance
- Student participates in the Department of Educational Opportunity Programs (TRIO)
- Student is a ward of the state or resides in a foster home

I certify that, to the best of my knowledge, the student named on this form is currently enrolled in grade 12 at _____ high school and the information given is correct.

Signature of counselor or other school official

Printed name of high school

Printed name of counselor or other school official

High School Telephone number

Signature of student

Printed name of student