



REQUEST FOR APPLICATION FEE WAIVER

Date: _____

To: UNO Undergraduate Admissions Office
6001 Dodge St., EAB 111
Omaha, NE 68182

Given my knowledge of the family circumstances for _____ ,
Student's name (Please print legibly)

I believe providing the application fee would present a hardship. Please grant an application fee waiver based on the following:

- Student participates in the free or reduced lunch program at our school
- Student participates in the Department of Educational Opportunity Programs (TRIO)
- Student is a ward of the state or resides in a foster home
- Family receives public assistance

I certify that, to the best of my knowledge, the information given is correct. I further certify the student named on this form is currently enrolled in 12th grade at _____ .
High School (Please print legibly)

Signature of counselor or other school official

Printed name and title

Phone and email