



Fee Waiver Request Form

* *required*

* **Full Name:** _____

* **PharmCAS ID #:** _____

* **Current Address:** _____

* **City:** _____ * **State:** _____

* **Primary Phone:** _____

* **E-Mail Address:** _____

I would like to request a fee waiver for my PharmCAS application and understand the following terms:

- PharmCAS must receive and process my fee waiver request BEFORE I e-submit my application.
- There are a limited number of fee waivers available.
- Fee waivers are only available to applicants who satisfy the financial requirements described in the PharmCAS instructions.
- Fee waivers are awarded on a first-come, first-served basis. **The deadline to apply for a PharmCAS fee waiver is September 1, 2008.**
- If I receive a fee waiver, I may apply to one (1) PharmCAS school for free and must submit \$40 for each additional PharmCAS designation.

* **My household's annual income for the year 2007 was \$**_____.

* **The number of members of my household is:** _____.

* I have included a photocopy of my 2007 Federal Income Tax Return to confirm the amount indicated above. I understand that my request will not be considered without this document. (Please check box)

* I understand that all fee waiver requests must be received at PharmCAS by **September 1, 2008** to be considered. (Please check box)

* **Applicant's Signature:** _____

* **Date:** _____

Mail Fee Waiver Request Form to:

PharmCAS
Fee Waiver Division
P.O. Box 9109
Watertown, MA 02471