



# 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, 2009**.
- 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 2008 was \$** \_\_\_\_\_.

\* **The number of members of my household is:** \_\_\_\_\_.

\* I have included a photocopy of my 2008 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, 2009 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