



Laying a Foundation for Academic and Life Success  
 3121 St. Bernard Ave.  
 New Orleans, LA 70119  
 504-434-0521  
 Fee Waiver Application

**Student Information**

Student Name:	Grade
Parent/Guardian Name:	
Home Address:	Phone Number

**Household Information**

**Total Household Number:** \_\_\_\_\_

List All Household Members	Employment: Unemployed/FT/PT/Student			
	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time/Seasonal	<input type="checkbox"/> Student
	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time/Seasonal	<input type="checkbox"/> Student
	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time/Seasonal	<input type="checkbox"/> Student
	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time/Seasonal	<input type="checkbox"/> Student
	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time/Seasonal	<input type="checkbox"/> Student

**Select Reason for Fee Waiver Application**

<input type="checkbox"/> Economic Hardship (unemployed)	<input type="checkbox"/> Did not approve item	<input type="checkbox"/> Other: _____
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**Please check any of the following that applies:**

<input type="checkbox"/>	Student's annual family income falls within the Income Eligibility Guidelines set by the USDA Food and Nutrition Service.
<input type="checkbox"/>	Student is enrolled in a federal, state or local program that aids student from low-income families.
<input type="checkbox"/>	Student's family receives public assistance (TANF, SNAP)
<input type="checkbox"/>	Student lives in federally subsidized public housing, a foster home or is homeless.
<input type="checkbox"/>	Student is a ward of the state or an orphan.

Written notification will be received within 30 days of receipt of the completed application and submission of all required documentation.



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 Fee Waiver Determination Process

**Option 1:**

Any family who qualifies for one or more of the Government subsidy programs will automatically qualify for the fee waiver. Approval will be granted upon completion of the waiver application and submission of program eligibility (award letter, lease agreement from a governmentally subsidizes housing development or other government issued documentation).

**Option 2:**

Any family who is able to prove economic hardship will be eligible for a fee waiver. Economic hardship is defined as difficulty caused by having too little money or too few resources. Applicant must provide proof of employment status (Workmen Comp, Unemployment verification letter, current paystubs) as well as verification of household members. Eligibility will be based on the current poverty guidelines.

**2019 Federal Poverty Guidelines**

Family Size	Gross Annual Income	Gross Monthly Income	Approximate Hourly Wage
1	\$12,490	\$1,041	\$6.00
2	\$16,910	\$1,409	\$8.13
3	\$21,330	\$1,778	\$10.25
4	\$25,750	\$2,146	\$12.38
5	\$30,170	\$2,514	\$14.50
6	\$34,590	\$2,883	\$16.63
7	\$39,010	\$3,251	\$18.75
8	\$43,430	\$3,619	\$20.88
Over 8 add per person:	\$4,420	\$368.33	\$2.13

Source: Federal Register vol. 84, No. 22, February 1, 2019 pp. 1167-68. Monthly and hourly income calculated by OCPP and rounded to the nearest dollar and cent, respectively. The hourly rate is based on 40 hours of work per week for a full year (2080 hours). These guidelines are for the 48 contiguous states and the District of Columbia.