

B-CC International Baccalaureate Program

2012 Test Fee Waiver Application Form

The Maryland State Department of Education has entered into a fiscal contract with the Federal Government Grant Program, allowing public and private schools to provide IB exam fee waivers for students who meet eligibility requirements based on family income.

If you meet one or more of the guidelines listed below, complete and return this form ASAP but no later than Monday, October 3, to the IB office in A215, to be considered for a fee waiver. The cost of the \$100 exam fee and the \$145 registration fee will be **\$0** for eligible students receiving a State fee waiver. There are also partial fee waivers available from B-CC for families who do not qualify for State fee waivers

THE INFORMATION PROVIDED ON THIS FORM WILL REMAIN CONFIDENTIAL.

Name of Student _____

Please check the appropriate item or items to indicate your student's eligibility:

___ My student is eligible for the free or reduced lunch program.

___ My family receives assistance under Part A of Title IV of the Social Security Act.

___ My student is eligible to receive medical assistance under the Medicaid Program under Title XIX of the Social Security Act.

___ My student is a member of a family whose taxable income for the preceding year did not exceed 185% of the poverty level as established by the US Census Bureau. The table below lists annual family incomes, by family size at 185% of the poverty level.

INCOME ELIGIBILITY GUIDELINES
(Effective July 1, 2011 through June 30, 2012)

Household Size	Free Meals			Reduced-Price Meals		
	Year	Month	Week	Year	Month	Week
1				\$20,147	\$1,679	\$388
2				27,214	2,268	524
3				34,281	2,857	660
4				41,348	3,446	796
5				48,415	4,035	932
6				55,482	4,624	1,067
7				62,549	5,213	1,203
8				69,616	5,802	1,339
For each additional family member add...				\$7,067	\$589	\$136

___ My family does not qualify for fee waivers in the categories above, but due to financial hardship I am requesting assistance from B-CC HS. I/We are able to pay \$ _____ per exam.

Parent Signature _____

Date _____