

## IB Exam Fee Reduction Application

This year, the cost of IB exams is \$385. If payment for IB exams presents a financial hardship for your family, RM will work with you to establish a level of payment that addresses your needs.

We realize that the Financial Assistance guidelines (see reverse side) do not take into consideration special circumstances that many families face. Most families, however, feel they can pay at least a portion of the cost. It is important to us all students have the opportunity to take their IB exams. Therefore, we ask a parent of the student requesting aid to complete this form, attach all supporting documentation, and return it to **Ms Hoover in the IB Magnet Office** as soon as possible, but **no later than October 21, 2011.**

Name of Student \_\_\_\_\_ MCPS ID # \_\_\_\_\_

Total cost of exams = \$ 385.00

Total amount the family can contribute toward the cost of the exams = \$ \_\_\_\_\_

Total reduction requested = \$ \_\_\_\_\_

Please complete the reverse side of this form. If your circumstances do not fall under the categories listed there, please write a brief description of your current situation. After reviewing your letter, a decision will be made about how much assistance RMHS can provide.

Parent Signature \_\_\_\_\_  
Required

Date \_\_\_\_\_

## AP/IB 2012 Test Fee Waiver Application Form

The Maryland State Department of Education has entered into a fiscal contract with the Federal Government Grant Program and The College Board, allowing public and private schools to provide IB exam fee waivers for students who meet eligibility requirements based on family income. A limited number of fee waivers have been made available to students in Montgomery County Public Schools.

If you meet one or more of the guidelines listed below, complete and return this form as soon as possible, but **no later than October 21, 2011** to Ms. **Hoover in the IB Magnet Office** be considered for a fee waiver.

**THE INFORMATION PROVIDED ON THIS FORM WILL REMAIN CONFIDENTIAL.**

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

Parent Signature \_\_\_\_\_

Required

Date \_\_\_\_\_