**Montgomery County Public Schools**

**AP Exam Fee Assistance Request Form**

**2020-2021**

Montgomery County Public Schools (MCPS) provides exam fee assistance for students with financial need in an effort to reduce barriers to opportunities for advanced placement testing. Also, fee reductions are available from the College Board (CB) for AP and AP Capstone exams. **MCPS subsidies for external exam fees are limited to AP fees for those students whose families meet the federal and state guideline for low-income, free or reduced-price meals.**

**QUESTIONS?** Contact Eric Gerber (Eric.Gerber@mcpsmd.net) with any questions regarding eligibility or availability of financial assistance for AP fees.

**DEADLINE:** AP/IB Exam Fee Assistance Request Forms must be completed, signed, and returned to **Mr. Gerber (Eric.Gerber@mcpsmd.net)** by**\_\_\_Monday February 1, 2021**\_\_\_**.** Your exam fee will not be reduced until your AP Exam Fee Assistance Request Form is completed and submitted.

**DIRECTIONS for Parents /Guardians:**Complete Parts 1–5 and return this form by the deadline listed above. *The information provided on this form will remain confidential.*

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| **PART 1 – STUDENT INFORMATION**  |
| Student’s Name (Print): | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | Student ID#: | **\_\_\_\_\_\_\_\_\_\_\_\_** |

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| **PART 2 – ELIGIBILITY GUIDELINES & CHECKLIST**  |
| **Directions:** Please check all items below that apply to your student’s eligibility for financial assistance. **At least one item much be checked for your child to qualify for financial assistance.**  |
| 🞎  | My family receives assistance under Part A of Title IV of the Social Security Act. |
| 🞎  | My child is eligible to receive medical assistance under the Medicaid Program under Title XIX of the Social Security Act. |
| 🞎 | My child is eligible for the free/reduced-price lunch program based on my family’s taxable income as shown in the table below. *[NOTE: The table below lists annual family income by family size at 185 percent of the poverty level. If the student’s family’s income is not greater than the amount listed for the number of family members, he or she qualifies for financial assistance.]* |
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| **Size of Family Unit** | **Annual Family Income\*** |  | **Size of Family Unit** | **Annual Family Income\*** |
| **1** | $23,606 |  | **5** | $56,758 |
| **2** | $31,894 |  | **6** | $65,046 |
| **3** | $40,182 |  | **7** | $73,334 |
| **4** | $48,470 |  | **8** | $81,622 |
| For each additional family member (above 8) add: $5,824 |

\* *The figures shown under family income represent amounts equal to 185 percent of the 2019-20 federal income poverty guidelines established by the U.S. Department of Health and Human Services. These levels were published in the Federal Register, Vol. 84, No. 54, 3/20/2019, pp. 10295-98.* |

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| **PART 3 – FINANCIAL ASSISTANCE REQUEST DETAILS**  |
| **Directions:** Please provide details for all fee assistance requested. |
| **Type of Exam** | **Total Number of Exams** | **List the Name of All Exams /Subject(s) Your Student Will Take** |
| AP Exams |  \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **PART 4 – STUDENT RESPONSIBILITY**  |
| **NOTE: Students eligible for exam fee subsidies are responsible for paying a portion of the fee for each AP exam, AP Capstone exam.** Specific fees are provided in the fee rate and subsidy chart below. |
| **FY 2020 AP Exam Fee Rates and Subsidies for Students with Financial Need** |

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|  | **TESTING AGENCY FEE** | **College Board** **AP FEE REDUCTION** | **MCPS SUBSIDY** | **STUDENT PAYS** |
| AP Exams | $91 | ($32) | ($39) | **$20 /exam** |
| AP Capstone Exams | $134 | ($32) | ($81) | **$20 /exam** |
| IB Exams | $119 | N/A | ($99) | **$20 /exam** |
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| **PART 5 – PARENT /GUARDIAN CERTIFICATION**  |
| 🞎 With my signature below, I certify that the information on this form is true. I understand that school officials may request that I provide documentation to verify that my child is eligible to receive MCPS financial assistance for external exam fees according to the criteria outlined in Part 2 of this form. **🡆Parent/Guardian (Print Name)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**🡆 Parent/Guardian Signature (*Required*)**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date**\_\_\_\_\_\_\_\_\_\_*I understand that my electronic submission of this form and my electronic signature are intended to be, constitute, and are equivalent to my personal signature.* |

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|  **PART 6 – FOR SCHOOL ADMINISTRATIVE USE ONLY**  |
| Verification Completed by (print name): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_🞎 Form is complete 🞎 Required signatures verified Student Portion Paid by: 🞎 Online 🞎 Payment Plan Amount Paid: ­­­­­­­­­$\_\_\_\_\_\_\_\_\_\_\_\_ Date Paid: ­­­­\_\_\_/\_\_\_/\_\_\_ 🞎 Financial Obligation (amount) $\_\_\_\_\_\_\_\_\_\_ Staff Verification By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: ­­­\_\_\_/\_\_\_/\_\_\_\_  *(Signature*)*I understand that my electronic submission of this form and my electronic signature are intended to be, constitute, and are equivalent to my personal signature.**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |