## 2024-2025 Fee Reduction Eligibility Form

## **Eligibility Criteria**

The following table lists annual family incomes by family size, at 185 percent of the poverty level. If the AP student's family's income did not exceed the amount listed in the appropriate row and column, he or she qualifies for an AP Exam fee reduction.

Size of Family Unit	Annual Gross Family Income
1	\$27,861
2	\$37,814
3	\$47,767
4	\$57,720
5	\$67,673
6	\$77,626
7	\$87,579
8*	\$97,532

\*For family units with more than eight members, add the following dollar amount for each additional family member: \$9,953.

Student Name

Parent Signature	

G	ra	d	e			

How many exams are you taking?

 Please submit a copy of ONE of the following documents along with this form to the Guidance Office, DUE by October 21, 2024
(1) Free/Reduced Lunch Eligibility Letter from Nutrition Services. To obtain a copy of your Eligibility Approval Letter, please contact: 949-234-9503
OR
(2) Tax Return - Form 1040, refer to line 15; line 27 on the 1040A; and line 6 on the 1040EZ.

\*\* For additional Fee Reduction Information, please see Mrs. Andersen in the Guidance Office. \*\*