SUNY ADIRONDACK
640 Bay Road
Queensbury, NY 12804

2019 Request for SUNY Adirondack Admission Application Fee Waiver

Applicants, who are residents of New York State and/or US citizens and wish to be considered for an application fee waiver, must submit this form.

Financial eligibility is determined by the family income guidelines shown in the table below. Your application will not be processed until full payment or fee waiver request is received.

Household Size	Annual Income
1	$22,459
2	30,451
3	38,443
4	46,435
5	54,427
6	60,419
7	70,411
8	78,403*

* Plus $7,992 for each family member in excess of eight

I meet the criteria above and am requesting an application fee waiver.

Applicant (All fields are required) ***Social Security Number*** _____-_____-_____

Last Name (Exactly as it appears on the application) ***First Name*** ***Middle***

Street Address ***Apt #*** ***City*** ***State*** ***Zip***

( )

Date of Birth (mm/dd/yyyy) ***Telephone Number***

Number of dependents in household ***Total income before taxes (all sources)***

My signature below confirms that I understand that I agree to provide financial documentation in support of this fee waiver if it is requested of me.

Signature of Applicant Date

Signature of Head of Household