

**Advanced Placement Test Fee Reimbursement Program
Student Eligibility Verification 2008-2009**

I. Student Information

Last Name	First Name	MI	Grade	Date
Name of High School				

II. Check the category by which the student qualifies for the AP Test Fee Reimbursement Program (Students who are eligible for free and reduced-price meals have a household income that does not exceed 185 percent of the low-income level):

<input type="checkbox"/>	OPTION I. Household income does not exceed 185 percent of the low-income level (income level after tax deductions). This category includes students who are eligible to participate in the free and reduced-price meal program and students that attend a school in which 75 percent or more are eligible for the federal free/reduced price meal program.
<input type="checkbox"/>	OPTION II. Household income is greater than 185 percent but does not exceed 200 percent of the low-income level (income level after tax deductions).

III. Family Verification of Need

I certify that my child is in need of financial assistance to pay for the AP test fees and that our household income during the preceding year did not exceed (please check one):	
<input type="checkbox"/> Option I. 185 percent of the low-income level	<input type="checkbox"/> Option II. 200 percent of the low-income level
I have submitted confirmation of need (please check one) from:	
<input type="checkbox"/> Government agency	<input type="checkbox"/> Photocopy of most recently filed federal income tax return
Signature of Parent or Legal Guardian _____ Date _____	

IV. Student Verification of Need

(For students who are 18 years or older and not a dependent)

I certify that I am in need of financial assistance to pay for the AP test fees, and my household income during the preceding year did not exceed (please check one):	
<input type="checkbox"/> Option I. 185 percent of the low-income level	<input type="checkbox"/> Option II. 200 percent of the low-income level
I have submitted confirmation of need (please check one) from:	
<input type="checkbox"/> Government agency	<input type="checkbox"/> Photocopy of most recently filed federal income tax return
Signature of Student _____ Date _____	

* The district or school must maintain income eligibility documentation at the school site or district level for five years. The California Department of Education does not require a copy of this form.

Federal 2008-09 Annual Low-Income Levels

Effective July 2008 through June 2009

Size of Family Unit	185 Percent Income Level	200 Percent Income Level
	Option I	Option II
1	\$19,240	\$20,800
2	\$25,900	\$28,000
3	\$32,560	\$35,200
4	\$39,220	\$42,400
5	\$45,880	\$49,600
6	\$52,540	\$56,800
7	\$59,200	\$64,000
8	\$65,860	\$71,200
	Add \$6,660 for each additional family member.	Add \$7,200 for each additional family member.

The figures shown under family income represent amounts equal to 185 and 200 percent of the family income levels established by the Department of Agriculture, Food and Nutrition Service, Child Nutrition Programs – Income Eligibility Guidelines, in the Federal Register, Vol. 73, No 69, April 9, 2008, pages 19186 – 19187.

Note: A student who attends a school where at least 75 percent of all students enrolled are eligible for federal free or reduced price meal programs is eligible for Option I or Option 2 even though family income may exceed these income levels.