

University of Hawai'i-West O'ahu APPLICATION FEE WAIVER REQUEST FORM



UNIVERSITY
of HAWAII®
WEST O'AHU

- (1) Complete sections I, II, and III.
- (2) Have your verifying official (e.g., high school counselor, principal, case worker) complete section IV.
- (3) Submit completed form to UH West O'ahu's Office of Admissions along with your UH System Application Form.
- (4) Attach any additional documents that support your request.

Approval of this form will be accepted in lieu of the admission application fee. Application fees already paid prior to submitting this form are non-refundable and non-transferable.

I. STUDENT INFORMATION

APPLICATION SEM / YR <input type="checkbox"/> Fall ____ <input type="checkbox"/> Spring ____		LEGAL NAME (LAST, FIRST MI)		
TELEPHONE ()		EMAIL		
STREET ADDRESS		CITY	STATE	ZIP

II. REASON FOR REQUEST

Check all that apply:

A. I participate in the free/reduced lunch program at my high school

B. I receive assistance under the Temporary Assistance to Needy Families (TANF) or TEMPORARY ASSISTANCE TO OTHER NEEDY FAMILIES (TAONF) program

C. My family receives assistance from SNAP (Supplementary Nutrition Assistance Program, formerly the federal Food Stamp Program) and I am claimed as a dependent on my parents'/legal guardians' personal income tax

D. Other (please specify) _____

III. STUDENT CERTIFICATION

I certify that the responses provided on this request form are complete and true to the best of my knowledge and belief. I understand that providing incomplete, incorrect, or false information may result in my rescission of my admission. I agree to produce certified documents to substantiate my reasoning for my request to waive the application fee.

Signature _____ Date _____

IV. VERIFICATION BY AUTHORIZED OFFICIAL

This section must be completed by your high school counselor, principal, or case worker. Additional documentation may be required.

PRINTED NAME		TITLE	
NAME OF INSTITUTION / AGENCY / DEPT	TELEPHONE ()	EMAIL	

I certify that the applicant's claim in section II. Reason for Request is accurate to the best of my knowledge.

Signature _____ Date _____

OFFICE USE ONLY

UH ID: _____

Approved Denied

Initials: _____ Date: _____

96-129 Ala 'Ike
Pearl City, HI 96782
Phone: (808) 454-4700 or toll-free (866) 299-8656
Fax: (808) 453-6075
uhwo.admissions@hawaii.edu
www.uhwo.hawaii.edu