2020-21 ADVANCED PLACEMENT, CAMBRIDGE AND INTERNATIONAL BACCALAUREATE TEST FEE PAYMENT LOW-INCOME STUDENT VERIFICATION

The State of Washington provides funds for eligible students to offset the cost to Advanced Placement (AP), International Baccalaureate (IB), and Cambridge International (CI) examinations for the year 2020-21 testing session. Complete this form and attach appropriate documentation to verify an AP/IB/CI candidate's eligibility for this program.

Program (check one): Advanced Placement Inte			nternational Baccalaureate	☐ Cambridge International	
CANDID	ATE'S NAME		PARENT OR GUARDIAN'S NAME		
Gender: Male Female					
Ethnicity: African American Asian/Pacific Islander Hispanic Native American Caucasian Other Not Disclosed					
SCHOO	L NAME		WORK PHONE	HOME PHONE	
ADDRESS			CITY, STATE, ZIP		
Select method used to determine low-income student eligibility for the AP/IB/CI Test Fee Payment program:					
	Current Free and/or Reduced Lunch eligibility.				
П	Student's family receives assistance under Part A of Title IV of the Social Security Act .				
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	Student is eligible to receive medical assistance under the Medicaid program under Title XIX of the Social Security Act.				
	Family Declaration of Income – (see chart below for income levels)				
ш	Parent/guardian signature below certifies that the above-named student's family taxable income (before tax				
deductions) does not exceed the 2020 income level listed below in relation to the size of the family unit.					
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	Signature of Parent/Guardian			Date	
2020 Annual Low-Income Levels					
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	Size of Family Unit	Family Taxable Income	Size of Family Unit	Family Taxable Income	
	1	\$19,140	5	\$46,020	
	2	\$25,860	6	\$52,740	
	3	\$32,580	7	\$59,460	
	4	\$39,300	8	\$66,180	

For School Use Only

Signature of teacher, coordinator, or school/district administrator responsible for documenting student eligibility signifies that this confidential document is only to be used for verification of low-income student eligibility for the federal AP/IB/CI Test Fee Payment Program. This form and documentation for all methods used to determine low-income student eligibility will be kept in a confidential file at the school or district level. This record and documentation to confirm low-income status is subject to audit. Under ESEA Title I provisions, records must be kept for five years.

Signature of Teacher, Counselor, School/District Administrator Responsible for Documenting Low-Income Student Eligibility

Date

^{*}For family units with more than 8 members, add \$6,720 for each additional family member.