



CFES College Application Fee Waiver Request

To: Dean/Director of Admissions

Name of College/University: _____

Student Information
Name: _____
Address: _____ _____
Name of High School: _____

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I hereby certify that I am student at a school participating in the College For Every Student (CFES) program. I am seeking a waiver of the application fee. I understand that all fee waivers are offered at the discretion of the college or university and cannot be guaranteed by CFES.

Thank You!

Student's Signature: _____

Date: _____