



CFES College Application Fee Waiver Request

To: Dean/Director of Admission

Name of College/University: _____

Student's Name: _____

Student's Address: _____

Student's 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: _____