



## 2016-2017 JD Need-Based Application Fee Waiver Request Form (first-year applicants only)

UK Law will waive a limited number of application fees for the 2016-2017 cycle. Waivers will be granted for individuals who demonstrate financial need taking into consideration the 2013 Poverty Guidelines published by the U.S. Department of Health & Human Services (<http://aspe.hhs.gov/poverty/13poverty.cfm>). Because we can waive only a limited number of fees, we ask that you seriously consider your financial need for a fee waiver before you request one. Our application fee is \$50.00.

**To be considered for a fee waiver, print, complete and sign this form, as well as attach a brief statement detailing your reasons for requesting a need-based application fee waiver. Please follow the instructions carefully. If an incomplete or inaccurate form is submitted, we will not grant an application fee waiver. The deadline to apply for a need-based application fee waiver is March 1. Return the completed form and all required/supporting documentation to: UK Law Admissions via one of the following methods of delivery: mail – 620 South Limestone, Suite 260; Lexington, KY 40506-0048, fax – 859.257.3140, or email – [uklawadmissions@uky.edu](mailto:uklawadmissions@uky.edu).**

### I. General Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_ Evening Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

LSAC Account Number: L\_\_\_\_\_ Did you receive a 2016-2017 LSAC Fee Waiver?: Yes No

If you received a 2016-2017 LSAC Fee Waiver, please enclose documentation that verifies receipt of the LSAC fee waiver. Sign the certification (see Section VII) and send this form along with verifying documents to UK Law Admissions. You do not need to complete the rest of the form.

If you did not receive an LSAC fee waiver, proceed to Section II.

### II. Financial Aid (If you are currently a student, complete this section. If not, proceed to Section III.)

Name of School: \_\_\_\_\_

Program/Degree/Major: \_\_\_\_\_

Are you a Pell Grant recipient?: Yes No

What is the total amount of your annual school expenses (tuition, room and board, books, etc.) that is covered by loans (public or private) and/or by direct payment from the savings or income of you or a family member? Additionally, you may wish to attach a budget of your income and expenses.

### III. Employment (If you are currently employed, whether part-time or full-time, complete this section. If you are not currently employed, proceed to Section IV.)

Your occupation: \_\_\_\_\_

Employer's Name: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Employer's Phone Number: \_\_\_\_\_ Annual Income: \_\_\_\_\_

If you are married, please provide the following information regarding your spouse:

Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer's Name: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Employer's Phone Number: \_\_\_\_\_ Annual Income: \_\_\_\_\_

**IV. Taxes and Other Income**

Do you (and/or your spouse) have sources of income other than the employment listed above?

If yes, please explain: \_\_\_\_\_

Total cash on hand or in bank for you (and your spouse): \_\_\_\_\_

Did you complete a tax return for 2015?: Yes No

What was your total gross income in 2015?: \_\_\_\_\_

How many people (including you) are in your household? \_\_\_\_\_

**V. Dependents**

If you support any children, please provide their ages: \_\_\_\_\_

If you have any other dependents, please explain: \_\_\_\_\_

**VI. Economic Need**

Are you enrolled in a federal, state, or local program that aids students from low-income families?: Yes No

Do you or your family receive public assistance?: Yes No

Are you or your family homeless?: Yes No

Do you or your family live in federally subsidized public housing or a foster home?: Yes No

Are you a ward of the state or an orphan?: Yes No

**VII. Certification**

I certify that the above information is accurate and complete.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_