

2017-2018 JD Need-Based Application Fee Waiver Request Form (first-year applicants only)

UK Law will waive a limited number of application fees for the 2017-2018 cycle. Waivers will be granted for individuals who demonstrate financial need taking into consideration the 2017 Poverty Guidelines published by the U.S. Department of Health & Human Services (<u>http://aspe.hhs.gov/poverty-guidelines</u>). 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 <u>March 1</u>. 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 – <u>uklawadmissions@uky.edu</u>.

I. General Information

Name:	<u> </u>			
Address	s:			
City:	State:	Zip Code:		
Daytim	e Phone Number:	Evening Phone Number:		
Email Address:				
LSAC Ad	ccount Number: L	Did you receive a 2017-2018 LSAC Fee Waiver?: Yes	No	
If you received a 2017-2018 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 d	lid not receive an LSAC fee waiver, proceed to Se	ection II.		
н.	Financial Aid (If you are currently a student, co	omplete 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:

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Emplo	oyer's Name:	
Emplo	oyer's Address:	
Emplo	oyer's Phone Number: Annual Income:	
lf you	are married, please provide the following information regarding your spouse:	
Name	2:	
Occup	pation:	
Emplo	oyer's Name:	
	oyer's Address:	
Emplo	oyer's Phone Number: Annual Income:	
IV.	Taxes and Other Income	
Do yo	ou (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 yo	ou complete a tax return for 2016?: Yes No	
What	was your total gross income in 2016?:	
How	many people (including you) are in your household?	
v.	Dependents	
lf you	f you support any children, please provide their ages:	
lf you	have any other dependents, please explain:	
 VI.	Economic Need	
Do yo Are yo	ou enrolled in a federal, state, or local program that aids students from low-income families?: Yes No ou or your family receive public assistance?: Yes No ou or your family homeless?: Yes No	
	ou or your family live in federally subsidized public housing or a foster home?: Yes No ou a ward of the state or an orphan?: Yes No	

VII. Certification

I certify that the above information is accurate and complete.

Signature: _____ Date:

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