## **Student Eligibility Verification**

I. Student Information  Last Name   First Name   MI   Grade   Date    High School of Attendance    II. The student qualifies for the AP/IB Test Fee Reimbursement Program    Household income does not exceed 185 percent of the federal poverty income guidelines. Annual gross or total income level is used to determine eligibility (if you are using a U.S. Individual Income Tax Return Form 1040, refer to line 22; line 15 on the 1040A; and line 1 on the 1040EZ). This category includes students who are eligible to participate in the Federal Free or Reduced Price Meal Program.  III. Verification of Need – Family or Student (18 years or older, not a dependent)  I certify need for financial assistance to pay for the AP/IB exam fees and that our household income during the preceding year did not exceed 185 percent of the federal poverty income guidelines.  Signature of Parent/Guardian or Student   Date  For School Use Only – Review income documentation and identify source.  Government agency – Department of Social Services, Social Security Administration, etc   Most recently filed federal income tax return   Pay receipts	Advanced Placement (AP) and/or International Baccalaureate (IB) Exams										
Last Name		AP Exam	☐ IB Exam	☐ AP and IB Exams							
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☐ Government agency – Department of Social Services, Social Security Administration, etc ☐ Most recently filed federal income tax return	Signatu	re of Parent/Guardian or	- Student	Date							
☐ Government agency – Department of Social Services, Social Security Administration, etc ☐ Most recently filed federal income tax return	For Sch	nool Use Only – Review	v income documentation and	d identify	source.						
Parent/student statement Free/Reduced Price Meal Verification Other – specify:	Gov Mos Pay Pare	rernment agency – Depa st recently filed federal in receipts ent/student statement e/Reduced Price Meal Ve	rtment of Social Services, Social Servic			ration, etc					

Date

Signature of Designated School Personnel

<sup>\*</sup> This form is to be retained by the school district for five years. The California Department of Education does not require a copy of this form.

## Federal 2014-2015 Income Eligibility Guidelines

Effective July 1, 2014, through June 30, 2015

Household Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	\$21,590	\$1,800	\$900	\$831	\$416
2	\$29,101	\$2,426	\$1,213	\$1,120	\$560
3	\$36,612	\$3,051	\$1,526	\$1,409	\$705
4	\$44,123	\$3,677	\$1,839	\$1,698	\$849
5	\$51,634	\$4,303	\$2,152	\$1,986	\$993
6	\$59,145	\$4,929	\$2,465	\$2,275	\$1,138
7	\$66,656	\$5,555	\$2,778	\$2,564	\$1,282
8	\$74,167	\$6,181	\$3,091	\$2,853	\$1,427
For each additional family member, add:	+\$7,511	+\$626	+\$313	+\$289	+\$145