



Fee Waiver Request Form

* *required*

* **Full Name:** _____

* **PharmCAS ID #:** _____

* **Current Address:** _____

* **City:** _____ * **State:** _____

* **Primary Phone:** _____

* **E-Mail Address:** _____

I would like to request a fee waiver for my PharmCAS application and understand the following terms:

- PharmCAS must receive and process my fee waiver request BEFORE I e-submit my application.
- There are a limited number of fee waivers available.
- Fee waivers are only available to applicants who satisfy the financial requirements described in the PharmCAS instructions.
- Fee waivers are awarded on a first-come, first-served basis. The deadline to apply for a PharmCAS fee waiver is **September 1, 2011**.
- If I receive a fee waiver, I may apply to one (1) PharmCAS school for free and must submit \$50 for each additional PharmCAS designation.
- Once you have received your waiver, you must apply it within 45 business days. If your waiver is not used within 45 business days, you will forfeit the waiver and it will be given to another qualifying applicant.

* **My household's annual income for the year 2010 was \$** _____.

* **The number of members of my household is:** _____.

* I have included a photocopy of my 2010 Federal Income Tax Return to confirm the amount indicated above. I understand that my request will not be considered without this document. (Please check box)

* I understand that all fee waiver requests must be received at PharmCAS by September 1, 2011 to be considered. (Please check box)

* **Applicant's Signature:** _____

* **Date:** _____

Mail Fee Waiver Request Form to:

PharmCAS
Fee Waiver Division
P.O. Box 9109
Watertown, MA 02471