



Northeastern State University

Request to Waive Admission Application Fee for TRIO Students

Name _____ LEGAL FAMILY NAME FIRST NAME MIDDLE NAME	
Birthdate _____ DD / MM / YYYY	Phone Number () - Email:
Term Applying For: <input type="checkbox"/> Fall 20 _____ <input type="checkbox"/> Spring 20 _____ <input type="checkbox"/> Summer _____	
Have you completed an application for that term? <input type="checkbox"/> Yes <input type="checkbox"/> No	
* Student must complete application up until the payment screen before submitting this form. Please insert the Web ID you created above	
Request for fee waiver is based on (Check where applicable): <input type="checkbox"/> Upward Bound <input type="checkbox"/> Educational Talent Search <input type="checkbox"/> Student Support Services <input type="checkbox"/> McNair Scholars	
I certify that all statements made on this application are true. I hereby consent to release of my financial aid and/ or other educational records to the appropriate officials at the Northeastern State University as may be necessary to confirm my financial need and inability to pay this fee.	
_____	_____
Student Signature	Date
_____	_____
Parent/Guardian Signature	Date
_____	_____
Counselor/Principle Signature	Date Counselor/Principal Endorsement
_____	_____
Name of High School	Graduation Year
_____	_____
Name of TRIO program coordinator/director	Date