

University of Hawai'i-West O'ahu APPLICATION FEE WAIVER REQUEST FORM



UNIVERSITY
of HAWAII'
WEST O'AHU

- (1) Complete sections I, II, and III
- (2) Have your verifying official (e.g. high school counselor, principal, case worker) complete section IV.
- (3) Complete UH System online application at apply.hawaii.edu. **Do not complete** Application Fee Information section of the application.
- (4) Attach any additional documents that support your request.

Approval of this form is accepted in lieu of the admission application fee. Application fees already paid prior to submitting this form are non-refundable and non-transferable.

I. STUDENT INFORMATION			
APPLICATION SEM / YR <input type="checkbox"/> Fall ____ <input type="checkbox"/> Spring ____	LEGAL NAME (LAST, FIRST MI):	UH ID (if applicable)	
TELEPHONE ()	EMAIL		
STREET ADDRESS	CITY	STATE	ZIP
Login ID for UH System online application	Date of Birth (mm/dd)		
II. REASON FOR REQUEST			
<p>Check all that apply:</p> <p><input type="checkbox"/> A. I participate in the free/reduced lunch program at my high school</p> <p><input type="checkbox"/> B. I receive assistance under the Temporary Assistance to Needy Families (TANF) or TEMPORARY ASSISTANCE TO OTHER NEEDY FAMILIES (TAONF) program</p> <p><input type="checkbox"/> C. My family receives assistance from SNAP (Supplementary Nutrition Assistance Program, formerly the federal Food Stamp Program) and I am claimed as a dependent on my parents'/legal guardians' personal income tax</p> <p><input type="checkbox"/> D. Other (please specify) _____</p>			
III. STUDENT CERTIFICATION			
<p><i>I certify that the responses provided on this request form are complete and true to the best of my knowledge and belief. I understand that providing incomplete, incorrect, or false information may result in my rescission of my admission. I agree to produce certified documents to substantiate my reasoning for my request to waive the application fee.</i></p>			
Signature _____		Date _____	
IV. VERIFICATION BY AUTHORIZED OFFICIAL			
<p><i>This section must be completed by your high school counselor, principal, or case worker. Additional documentation may be required.</i></p>			
PRINTED NAME		TITLE	
NAME OF INSTITUTION / AGENCY / DEPT	TELEPHONE ()	EMAIL	
<p>I certify that the applicant's claim in section II. Reason for Request is accurate to the best of my knowledge.</p>			
Signature _____		Date _____	

OFFICE USE ONLY	
UH ID: _____	
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
Initials _____	Date _____

91-1001 Farrington Hwy
Kapolei, HI 96707
Phone: (808) 689-2900 or toll-free (866) 299-8656
Fax: (808) 689-2901
uhwo.admissions@hawaii.edu
www.uhwo.hawaii.edu