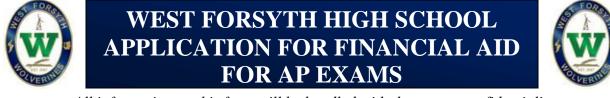
Please complete and return this packet to the Front Office by Friday, October 25, 2024



All information on this form will be handled with the utmost confidentiality.

Student:						
Last Name				First Name		
Grade Level:	9	10	11	12		
Parents/Guardia	ins:					
Father's Name						
Mother's Name						
Other Household	d Members:					
Name			Relationship			
Name				Relationship		
Name			Relationship			
Name			Relationship			
Name			Relationship			
Name				Relationship		
• 1	· ·	parents' househ either full- or pa	· · ·	currently attending		
2. How many AP exams are you taking this year?						
Is one of t	hese exams a	n AP STEM exa	am (math, s	cience, technology)?		
3. Do you have siblings who will also be taking AP exams this year?					YES NO	
If so, how	many exams	will he/she be t	aking?			

2 months?
cial aid from y.

Signature of Student

Date

Signature of Parent/Guardian

West Forsyth will use the criteria established by College Board to determine financial aid. Please circle the category that best applies to your family.



Fee reductions for AP Exams

Size of Family Unit	Annual Family Income* for 48 Contiguous States, Washington, D.C., Guam, and U.S. Territories	Annual Family Income* for Alaska	Annual Family Income* for Hawaii
1	\$26,973	\$33,689	\$31,025
2	\$36,482	\$45,584	\$41,958
3	\$45,991	\$57,480	\$52,892
4	\$55,500	\$69,375	\$63,825
5	\$65,009	\$81,271	\$74,759
6	\$74,518	\$93, <mark>1</mark> 66	\$85,692
7	\$84,027	\$105,062	\$96,626
8	\$93,536	\$116,957	\$107,559
For each additional family member, add:	\$9,509	\$11,896	\$10,934

* The figures shown under annual family income represent amounts equal to 185% of the 2023 federal income poverty guidelines established by the U.S. Department of Health and Human Services. These levels were published by the USDA Food and Nutrition Service in the Federal Register, Vol. 88, No. 27, 2/9/23, pp. 8397-8400. These Income Eligibility Guidelines are effective from July 1, 2023, through June 30, 2024.