



WEST FORSYTH HIGH SCHOOL APPLICATION FOR FINANCIAL AID FOR AP EXAMS



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

Student:

Last Name _____ First Name _____

Grade Level: 9 10 11 12

Parents/Guardians:

Father's Name _____

Mother's Name _____

Other Household Members:

Name _____ Relationship _____

1. How many people in your parents' household(s) are currently attending a college or university either full- or part-time? _____

2. How many AP exams are you taking this year? _____

Is one of these exams an AP STEM exam (math, science, 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 taking? _____

4. Do you currently have a job? YES NO

a. If so, where do you work? _____

b. What is your position/title? _____

c. How long have you worked at this job? _____

d. How many hours per week do you work (on average)? _____

5. Has there been any significant decrease in your household income in the past 12 months?
If yes, explain.

6. Please write a brief statement that explains your reason(s) for requesting financial aid from West Forsyth High School. You may use another piece of paper if necessary.

By signing this, I agree that the information given is true and accurate. I further understand that if I provide false or misleading information, financial aid may be denied.

Signature of Student

Date

Signature of Parent/Guardian

Date

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	\$93,166	\$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.