



Dublin City School District

Students
6152 F1
Revised 6/8/26

Request for AP/IB Financial Aid

Financial assistance for AP/IB exam participation is available to those students participating in federal assistance programs. Please return this form to the building principal, enrichment specialist, or school counselor if this is applicable for your child.

Date: _____

Student name: _____ Grade: _____

Address: _____

Phone: _____

School: _____

☐ My child participates in the federally funded **reduced** lunch program.

☐ My child participates in the federally funded **free** lunch program.

AP

Number of AP exams scheduled: _____ AP Fee(s): _____

List scheduled AP exams: _____

IB

Number of IB exams scheduled: _____ IB Fee(s): _____

List scheduled IB exams: _____

Parent/Guardian name: _____
(printed) (signature)

For Office Use Only:

Building Principal: _____
(signature) (building)

**Please forward application to:
Executive Director of Teaching and Learning
Central Office**

Approved: _____ Date: _____

Partial assistance: _____ Full assistance: _____