

REQUEST FOR DEFERRAL OF APPLICATION FEE FOR ADMISSION

THE EASTERN EDGE



Student name (please print)			Date of birth
Address	City	State	Zip code
Email	Telephone	Start term	

HIGH SCHOOL SENIOR APPLICANTS

Student: Give this form to your high school counselor or other school official for completion.

Counselor or other designated school official: I recommend an admission application fee deferral for the student named above. I base my recommendation on the following criteria (check all that apply):

- Student participates in or is eligible for a free or reduced lunch program.
- Student participates in or is eligible for a TRIO - type college preparatory program such as Upward Bound, Talent Search, EOP, HEP, etc.
- Student is a recipient of student assistance or U.S. Public Assistance.
- Student is eligible for College Board or NACAC fee waiver.

Name of counselor/agency official (please print)
Name of school/agency
Email
Signature of school/agency official

TRANSFER OR POST-HIGH SCHOOL APPLICANTS

Please check all that apply. You must supply documentation as indicated.

- I am a current participant in an Equal Opportunity Program (EOP), TRIO, or other similar program at the college or university I am currently attending. **Documentation required:** Signed and dated statement from the institution's program director, including director's name, signature, title, and phone number.
- My FAFSA Expected Family Contribution (EFC) is: less than \$5,500. **Documentation required:** Copy of part one of the FAFSA Student Aid Report (SAR) from the institution you are currently attending.
- I am a current recipient of U.S. Public Assistance (food stamps, cash, and/or medical assistance) or public assistance from my state. **Documentation Required:** Signed and dated statement from your caseworker or a copy of your SNAP card.
- I am currently classified as a dislocated worker. **Documentation required:** Copy of Determination of Dislocated Worker Form 1992B or other approved documentation.
- I have authorization and certification of entrance or re-entrance into rehabilitation. **Documentation required:** Federal form the U.S. Department of Veterans Affairs.

Name of college/university now attending (if applicable)
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STUDENT AUTHORIZATION

I request that Eastern Oregon University defers my admission application fee. I understand that deferral means I do not need to pay the fee now, but I will be required to pay the fee when I enroll.

Student Signature	Date
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Return completed form and supporting documents to Eastern Oregon University

Office of Admissions, Inlow Hall 115, One University Blvd., La Grande Ore. 97850

Email: admissions@eou.edu

Fax: 541.962.3418