

# 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](mailto:admissions@eou.edu)

Fax: 541.962.3418