

## AmeriCorps Members Fee Waiver Request Form

Full Name: \_\_\_\_\_

SOPHAS ID #: \_\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Primary Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**I am requesting a fee waiver for my SOPHAS application and I understand the following terms:**

- SOPHAS must receive and process my fee waiver request before I e-submit my application.
- This fee waiver is only available to active AmeriCorps members, not alumni.
- Fee waivers are awarded on a first-come, first-served basis. There are a limited number of fee waivers available.
- If granted, this fee waiver will apply to up to two (2) designations. Additional designations must be paid for with a money order.

**I am an active AmeriCorps member:**

- I have read the Fee Waiver FAQs and understand the fee waiver process. I further understand that my fee waiver request will not be considered until SOPHAS has received this official certification form from my supervisor at my AmeriCorps location. (Please check box)**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

AmeriCorps Supervisor

*I certify that the individual identified above is an active AmeriCorps member with my organization and therefore, eligible for the SOPHAS fee waiver of up to 2 designations.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name, Institution, and Title: \_\_\_\_\_

Mail Fee Waiver Request Form to:

SOPHAS - Fee Waiver Department  
P.O. Box 9111  
Watertown, MA 02471

**All fee waivers expire after 30 days**