

Gates Millennium Scholars Program Fee Waiver Request Form

Full Name: _____

SOPHAS #: _____

GMS 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 Gates Millennium Scholars and Gates Millennium 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 only apply to the first two designations. Additional designations must be remitted immediately in the form of a money order with a copy of this form.

I am a Gates Millennium Scholar or Gates Millennium Alumni:

I understand that my fee waiver request will not be considered until SOPHAS has received this official certification form from the Senior Relationship Manager. (Please check box)

Scholar Alumna Signature: _____ Date: _____

GMS Certification

I certify that the individual identified above is a Gates Millennium Scholar or Alumni and therefore, eligible for the SOPHAS fee waiver of the first designation.

Printed Name and Title: _____

Signature: _____ **Date:** _____

Fax or Mail Completed Waiver Request Form to:

Gates Millennium Scholars Program
8260 Willow Oaks Corporate Drive
ATTN: Jeremy Daly, Program Assistant
Fairfax, VA 22031
703-205-2080 (TEL) 703-205-2079 (FAX)

All fee waivers expire after 30 days