

McNair Scholar 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 McNair Scholar applicants that are current students in good standing.
- 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 a participant in good standing in the McNair Scholarship program:

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 institution's McNair program coordinator. (Please check box)

Signature: _____ Date: _____

McNair Coordinator Certification

I certify that the individual identified above is a current McNair Scholar in good standing 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