

U.S. Applicant Fee Waiver Request Form

Full Name: _____

SOPHAS ID #: _____

Current Address: _____

City: _____ State: _____

Primary Phone: _____

E-Mail Address: _____

I would like to request a fee waiver for the first designation in my SOPHAS application and I understand the following terms:

- SOPHAS must receive and process my fee waiver request Before I e-submit my application.
- There is a limited number of fee waivers available.
- Fee waivers are only available to applicants who satisfy the financial requirements described in the SOPHAS FAQs.
- Fee waivers are awarded on a first-come, first served basis.
- If granted, this fee waiver will entitle me to one free designation. Any additional designations must be paid for with a money order.
- All fee waiver decisions are final.

My household's annual income for the year 2009 was \$_____.

The number of members of my household is: _____.

- I have included a photocopy of my 2009 Federal Income Tax Return (Form1040 or 1040EZ) to confirm the amount indicated above. I understand that my request will not be considered without this document. (Please check box)**

Signature: _____ Date: _____

Mail Fee Waiver Request Form to:

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

All fee waivers expire after 30 days