WISCONSIN INDIANHEAD TECHNICAL COLLEGE

WITC Application Fee Assistance Request Form

This Application Fee Assistance Request form must be completed and submitted with a WITC Application for Admissions Form to the Manager of Enrollment at the campus you plan to attend.

WITC application forms are available from any WITC Campus or your local high school.

Student Name _____   Date of Birth _____

Address _____   City, State, Zip _____

Email _____   Telephone _____

Select the Campus you plan to attend:

☐ **WITC-Ashland**
Attn: Manager of Enrollment
2100 Beaser Avenue
Ashland WI 54806
715-682-4591

☐ **WITC-New Richmond**
Attn: Manager of Enrollment
1019 S Knowles Avenue
New Richmond WI 54017
715-246-6561

☐ **WITC-Rice Lake**
Attn: Manager of Enrollment
1900 College Drive
Rice Lake WI 54868
715-234-7082

☐ **WITC-Superior**
Attn: Manager of Enrollment
600 N 21st Street
Superior WI 54880
715-394-6677

☐ **WITC-Online**
Attn: Manager of Enrollment
2100 Beaser Avenue
Ashland WI 54806
715-682-4591

DEMONSTRATION OF ECONOMIC NEED: To be eligible for assistance with the WITC application fee, you must meet at least one of the following indicators of economic need. Please check all that apply. You may be contacted to prove eligibility of any or all items checked. This application will not be accepted if no items are checked.

☐ I am enrolled in or eligible to participate in the Federal Free or Reduced Price Lunch program (FRPL).

☐ My annual family income falls within the income Eligibility Guidelines* set by the USDA Food and Nutrition Service.

☐ Student is enrolled in a federal, state or local program that aids students from low-income families (e.g., TRIO programs such as Upward Bound).

☐ My family receives public assistance.

☐ I live in federally subsidized public housing, a foster home or is homeless.

☐ I am a ward of the state or an orphan.

☐ Statement of Need: On the back of this form, or attached, is a statement of my need for assistance from my high school principal, high school counselor, or community leader.

STUDENT CERTIFICATION STATEMENT: I certify by signing below that the information on this application is true and I understand and meet all eligibility requirements to request an admission application fee waiver.

_____

STUDENT'S PRINTED NAME   STUDENT'S SIGNATURE   DATE

*To view USDA Income Eligibility Guidelines for the Free or Reduced Price Lunch Program or review FAQs related to this form visit http://bit.ly/NACACfeewaiver.

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This section must be completed by a high school principal, high school counselor, or community leader

Statement of Need on Behalf of _____
(Student Name)

Instructions: Given your knowledge of this student's family circumstances and after reviewing the eligibility guidelines, explain below (or attach) why you feel the WITC application fee would present a hardship for this student.

Name:_____ Title:_____

Email:_____ Phone Number:_____

Signature:_____ Date:_____

FOR OFFICE USE ONLY– APPROVAL REVIEW

☐ Approved – application reviewed and approved

☐ Denied – application reviewed and denied

Campus Manager of Enrollment Services: _____
Signature   Date

Processing of Approvals

Manager of Enrollment:
- Enter student information into the Application Fee Assistance Tracking document in The Connection under Student Affairs
- Mail student acceptance letter
- Route a copy of the Application Fee Assistance Request Form and WITC application to data entry staff

Data Entry:
- Enter the WITC application and fee
- Route all documents to the Business Office Technician

Business Office Technician:
- Attach student to the application fee third party contract

Document Retention - Scan the Application Fee Assistance Request Form to the student record. Shred.