

## Application for Advanced Placement Fee Payment Program

West Virginia Center for Professional Development

208 Hale Street • Charleston, WV 25301

(304) 558-0539 • (800) 982-7348 • Fax: (304) 558-0989 • klinville@wvcpd.org • www.wvcpd.org

### Part 1: General Information

*Application(s) due to the WV Center for Professional Development by April 16, 2010.*

Student's Name \_\_\_\_\_

Student's School \_\_\_\_\_

List AP examinations which the student will complete during 2009-2010 academic year:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

### Part 2: Eligibility Information

Students are eligible to receive fee reduction(s) only if the family can certify that one of the following is true.

Please check *at least one*:

1. \_\_\_\_\_ My child receives free or reduced lunch.
2. \_\_\_\_\_ Our household income is equal to or less than the amount listed in the chart below for our household size:

Size of Family Unit	Annual Family Income*	Size of Family Unit	Annual Family Income*
TWO PERSONS	\$ 26,955	SIX PERSONS	\$ 54,631
THREE PERSONS	\$ 33,874	SEVEN PERSONS	\$ 61,550
FOUR PERSONS	\$ 40,793	EIGHT PERSONS	\$ 68,469
FIVE PERSONS	\$ 47,712		

FOR FAMILY UNITS WITH MORE THAN 8 MEMBERS, ADD \$6,919 FOR EACH ADDITIONAL FAMILY MEMBER. (Figures based on gross family income.)

\*The figures shown under family income represent amounts equal to 185 percent of the 2009 Federal income poverty guidelines established by the U.S. Department of Health and Human Services. These levels were published by the U.S. Department of Agriculture in the *Federal Register*, Vol. 74, No. 58, March 27, 2009, pp. 13410-13412.

3. \_\_\_\_\_ My family receives assistance under Part A of Title IV of the Social Security Act.
4. \_\_\_\_\_ My family receives medical assistance under the Medicaid program.

**PLEASE MAKE SURE SIGNATURE PAGE (ON BACK) IS COMPLETED.**

I certify that all information provided is correct. I understand that this information is being given for the receipt of federal funds and that deliberate misrepresentation of the information may subject me to persecution under applicable state and federal law.

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Parent/Guardian Date

**Part 3: Signatures**

To the best of my knowledge the information indicated by the parent/guardian is correct.

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Guidance Counselor/ AP Coordinator Date

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School Principal Date

**Deadline for receipt of applications: April 16, 2010**

Mail or fax to:  
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