

Application Form | 2025-2026 Academic Year

Deadline: 5 p.m. on the first day of the quarter. Check our calendar at edmonds.edu/academic-calendar

Student Name: _____

Student College ID Number: _____

Part 1: Eligibility

Please check the appropriate box:

- I am a foster care student, former foster care, emancipated youth, and/or homeless youth. Leave Part 2 blank and go to Part 3.
- I am experiencing extenuating circumstances that affect my income. Go to Part 2.
- My family's income is equal to or less than the income listed below. Go to Part 2.

Family Size	1	2	3	4	5	6	7	8
Income	\$31,300	\$42,300	\$53,300	\$64,300	\$75,300	\$86,300	\$97,300	\$108,300

For each additional person, add \$11,000.

Part 2: Required Documentation

If your family filed taxes in 2024:

Attach a copy of pages 1 and 2 of your parents' 1040 Tax Return for 2024. You may black out social security numbers if you wish. Page 1 must be signed. Note: We use the income on Line 6 to determine your eligibility.

If your family did NOT file taxes in 2024, please explain how you and your family support yourselves:

If your family's income changed from what is reflected on your taxes, please explain the circumstances and state the amount of income lost. Be specific. Provide detailed information and numbers when available.

You may attach additional pages if more space is needed for explanation.

PART 3: Sign and Date

By signing this form I/we certify that all the information submitted for the fee waiver is complete and correct.

Student Signature (required)

Date

Parent/Guardian Signature

Date

If student lives with parents/guardians, at least one of them must sign.