

FEE WAIVER REQUEST FORM GATES MILLENNIUM SCHOLARS AND ALUMNI

First Name:	MI:	Last Name:
SOPHAS ID #:		
GMS ID #:		
Address:		
City:	State:	Zip Code:
Phone: Cell Home Work		
Email:		

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 submit my application.
- ☒ This fee waiver is only available to Gates Millennium scholars and alumni.
- ☒ Fee waivers are awarded on a first-come, first-served basis. There are a limited number of fee waivers available.
- ☒ If awarded, this fee waiver covers only the initial application fee (\$145).

GATES MILLENNIUM SENIOR RELATIONSHIP MANAGER

I certify that the individual identified above is a Gates Millennium scholar or alumni and therefore eligible for a SOPHAS fee waiver of one designation.

Name, Institution, and Title:

Signature:

Date:

I am a Gates Millennium scholar or alumni: Yes No

I read the [Fee Waiver instructions](#) and understand the fee waiver process. Additionally, I understand that my fee waiver request is not considered complete until the Gates Millennium Senior Relationship Manager signs this form.

Signature:

Date:

➔ Upload a completed and signed form in your SOPHAS application under Fee Waiver Form.

All fee waivers expire after 14 days.