



FEE WAIVER REQUEST FORM AMERICORPS MEMBERS

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

I am requesting a fee waiver for my NursingCAS application and I understand the following terms:

- ☒ NursingCAS must receive and process my fee waiver request before I submit my application.
- ☒ This fee waiver is only available to active AmeriCorps members (i.e., not 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 (\$55 for undergraduate programs or \$75 for graduate programs).

AMERICORPS SUPERVISOR

I certify that the individual identified above is an active AmeriCorps member with my organization and therefore eligible for a NursingCAS fee waiver of one designation.

Name, Institution, and Title:

Signature:

Date:

I am an active AmeriCorps member: 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 AmeriCorps Supervisor signs this form.

Signature:

Date:

➔ Upload a completed and signed form in your NursingCAS application under Fee Assistance Program.

All fee waivers expire after 30 days.