FEE WAIVER REQUEST FORM
MCNAIR SCHOLARS

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 current McNair Scholars who are in good standing.
- 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).

MCNAIR PROGRAM COORDINATOR

I certify that the individual identified above is a current McNair Scholar in good standing and therefore eligible for a NursingCAS fee waiver of one designation.

Name, Institution, and Title:	
Signature:	Date:

I am a McNair Scholar: 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 McNair Program Coordinator 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.