

# FEE WAIVER REQUEST FORM AMERICORPS MEMBERS

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

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

- VMCAS 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 (\$234).

|  |       |
|--|-------|
| <b>AMERICORPS SUPERVISOR</b>   |       |
| I certify that the individual identified above is an active AmeriCorps member with my organization and therefore eligible for a VMCAS fee waiver of one designation. |       |
| Name, Institution, and Title:  |       |
| Signature:   | Date: |

|  |   |
|--|---|
| I am an active AmeriCorps member:    Yes                  No |   |
|  | I read the <a href="#">Fee Waiver instructions</a> 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 VMCAS application under Fee Assistance Program.  
All fee waivers expire after 21 days.