

FEE WAIVER REQUEST FORM MCNAIR SCHOLARS

First Name:		MI:	Last Name:			
VMCAS ID #:						
Address:						
City:		State:		Zip Code:		
Phone:		Cell	Home Wo	rk		
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.						
②						
②	⊘ Fee waivers are awarded on a first-come, first-served basis. There are a limited number of fee waivers available.					
Ø	☑ If awarded, this fee waiver covers only the initial application fee (\$234).					
MCNAIR PROGRAM COORDINATOR						
I certify that the individual identified above is a current McNair Scholar in good standing and therefore eligible for a VMCAS fee waiver of one designation.						
Name, Institution, and Title:						
Signature:					Date:	
I am a McNair Scholar: Yes No						
	I read the <u>Fee Waiver instructions</u> 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.					
Signatu	re:				Date:	

→ Upload a completed and signed form in your VMCAS application under Fee Assistance Program.

All fee waivers expire after 21 days.