

# FEE WAIVER REQUEST FORM MILITARY SERVICE 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 current active or veteran military service members.
- 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>SUPERVISING OFFICER</b>	
I certify that the individual identified above is an active or veteran military service member and therefore eligible for a VMCAS fee waiver of one designation.	
Name, Unit, and Rank:	
Signature:	Date:

I am an active or veteran military service 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 Supervising Officer 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.