



Massachusetts Department of Elementary and Secondary Education

STATE ADVANCED PLACEMENT AND INTERNATIONAL BACCALAUREATE LOW-INCOME EXAM FEE SUBSIDY PROGRAM STUDENT ELIGIBILITY VERIFICATION DOCUMENTATION

State subsidies for eligible students is to offset the cost of Advanced Placement (AP) and International Baccalaureate (IB) examinations fees. Please complete this form and attach appropriate documentation to verify an AP/IB candidate's eligibility for this program. Do not send to DESE.

Program (check one):		Advanced Placement	International Baccalaureate
School Year:			
STUDENT'S NAME:		SASID NUMBER:	
AP or IB course(s) enrolled in:			
1. _____			
2. _____			
3. _____			
4. _____			
5. _____			
6. _____			
SCHOOL NAME:		ADDRESS:	

Select method used to determine student eligibility for the AP/IB Exam Fee Payment program:

- ☐ a. **Free and reduced lunch**
- ☐ b. Student's **Family Declaration of Income*** – (use Income Eligibility Guidelines table provided below)
- ☐ c. Student's participation in one or more of the following state-administered programs:
- the Supplemental Nutrition Assistance Program (SNAP)
 - the Transitional Assistance for Families with Dependent Children (TAFDC)
 - the Department of Children and Families' (DCF) foster care program
 - and MassHealth (Medicaid)

**Parent/guardian signature below certifies that the above-named student's family taxable income (before tax deductions) does not exceed the income level listed below in relation to the size of the family unit.*

Name & Signature of Parent/Guardian: _____

Date: _____

Family Unit size	Family Income eligibility up to (\$)/year
1	26,973
2	36,482
3	45,991
4	55,500
5	65,009
6	74,518
7	84,027
8	93,536

Add \$9,509 for each additional family member.

FOR SCHOOL USE ONLY

By signing below, I certify that the student is eligible for the AP and/or IB exam fee subsidy.

This form and all supporting documents will be kept in a confidential file at the school or district. I understand that these documents are subject to audit and under state provisions, records must be kept for five years.

Name & Signature of Teacher, Counselor, School/District Administrator Responsible for Documenting Student Fee Subsidy Eligibility _____ Date _____