

Montgomery County Public Schools AP/IB Exam Fee Assistance Request Form 2020-2021

Montgomery County Public Schools (MCPS) provides exam fee assistance for students with financial need in an effort to reduce barriers to opportunities for advanced placement testing. Also, fee reductions are available from the College Board (CB) for AP and AP Capstone exams. **MCPS subsidies for external exam fees are limited to AP exams and International Baccalaureate (IB) exams fees for those students whose families meet the federal and state guideline for low-income, free or reduced-price meals.**

QUESTIONS? Contact [Catherine E. Ward@mcpsmd.org](mailto:Catherine_E_Ward@mcpsmd.org) with any questions regarding eligibility or availability of financial assistance for AP or IB fees.

DEADLINE: AP/IB Exam Fee Assistance Request Forms must be completed, signed, and emailed as an attachment to [Catherine E. Ward@mcpsmd.org](mailto:Catherine_E_Ward@mcpsmd.org) by **November 13, 2020.**

DIRECTIONS for Parents /Guardians: Complete Parts 1–5 and return this form by the deadline listed above. *The information provided on this form will remain confidential.*

PART 1 – STUDENT INFORMATION

Student's Name (Print): Kassydi Kusmiskis	Student ID#: 433985
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PART 2 – ELIGIBILITY GUIDELINES & CHECKLIST

Directions: Please check all items below that apply to your student's eligibility for financial assistance. **At least one item must be checked for your child to qualify for financial assistance.**

- | | |
|-------------------------------------|--|
| <input type="checkbox"/> | My family receives assistance under Part A of Title IV of the Social Security Act. |
| <input type="checkbox"/> | My child is eligible to receive medical assistance under the Medicaid Program under Title XIX of the Social Security Act. |
| <input checked="" type="checkbox"/> | My child is eligible for the free/reduced-price lunch program based on my family's taxable income as shown in the table below. |

[NOTE: The table below lists annual family income by family size at 185 percent of the poverty level. If the student's family's income is not greater than the amount listed for the number of family members, he or she qualifies for financial assistance.]

Size of Family Unit	Annual Family Income*	Size of Family Unit	Annual Family Income*
1	\$23,606	5	\$56,758
2	\$31,894	6	\$65,046
3	\$40,182	7	\$73,334
4	\$48,470	8	\$81,622
For each additional family member (above 8) add: \$5,824			

** The figures shown under family income represent amounts equal to 185 percent of the 2019-20 federal income poverty guidelines established by the U.S. Department of Health and Human Services. These levels were published in the Federal Register, Vol. 84, No. 54, 3/20/2019, pp. 10295-98.*

PART 3 – FINANCIAL ASSISTANCE REQUEST DETAILS

Directions: Please provide details for all fee assistance requested.

Type of Exam	Total Number of Exams	List the Name of All Exams /Subject(s) Your Student Will Take
AP Exams	2	Biology, Gov. & Pol
IB Exams		

PART 4 – STUDENT RESPONSIBILITY

NOTE: Students eligible for exam fee subsidies are responsible for paying a portion of the fee for each AP exam, AP Capstone exam, and IB exam. Specific fees are provided in the fee rate and subsidy chart below.

FY 2020 AP/IB Exam Fee Rates and Subsidies for Students with Financial Need

	TESTING AGENCY FEE	College Board AP FEE REDUCTION	MCPS SUBSIDY	STUDENT PAYS
AP Exams	\$86	(\$32)	(\$39)	\$15 /exam
AP Capstone Exams	\$134	(\$32)	(\$81)	\$20 /exam
IB Exams	\$119	N/A	(\$99)	\$20 /exam

NOTE: ~~Students are responsible for paying any late registration and/or cancellation fees due for their exams.~~

PART 5 – PARENT /GUARDIAN CERTIFICATION

☐ With my signature below, I certify that the information on this form is true. I understand that school officials may request that I provide documentation to verify that my child is eligible to receive MCPS financial assistance for external exam fees according to the criteria outlined in Part 2 of this form.

☐ Parent/Guardian (Print Name) _____

☐ Parent/Guardian Signature **(Required)** _____ Patty Kusmiskis _____ Date 11-15-20 _____

I understand that my electronic submission of this form and my electronic signature are intended to be, constitute, and are equivalent to my personal signature.

PART 6 – FOR SCHOOL ADMINISTRATIVE USE ONLY

Verification Completed by (print name): _____

☐ Form is complete ☐ Required signatures verified

Student Portion Paid by: ☐ Online ☐ Payment Plan

Amount Paid: \$ _____ Date Paid: ____/____/____ ☐ Financial Obligation (amount) \$ _____

Staff Verification By: _____ Date: ____/____/____

(Signature)

I understand that my electronic submission of this form and my electronic signature are intended to be, constitute, and are equivalent to my personal signature.