

2025-2026 Student Eligibility Verification Advanced Placement Test Fee Program

I. Student Information

| | | | | |
|--------------------|---------------------------|----|-------|------|
| Last Name | First Name | MI | Grade | Date |
| | | | | |
| <u>Student ID:</u> | Redondo Union High School | | | |

II. The student qualifies for the AP Test Fee Program

Household income does not exceed 185 percent of the federal poverty income guidelines. Annual gross or total income level is used to determine eligibility (if you are using a U.S. Individual Income Tax Return Form 1040, refer to line 22; line 15 on the 1040A; and line 6 on the 1040EZ).

This category includes students who are eligible to participate in the Federal Free and Reduced Price Meal Program.

III. Verification of Need – Family or Student (18 years or older, not a dependent)

I certify need for financial assistance to pay for the AP exam fees and that our household income during the preceding year did not exceed 185 percent of the federal poverty income guidelines.

Student is currently enrolled in the free/reduced-price lunch program? (Circle One) YES OR NO

Signature of Parent/Guardian or Student Date

For School Use Only – Review income documentation and identify source:

- Government agency – Dept. of Social Services, Social Security Administration...
- Most recently filed federal income tax return
- Parent/student statement
- Free/Reduced Price Meal Verification
- Other – specify:

Signature of Designated School Personnel Date

2025 Statement of Income Eligibility Advanced Placement Test Fee Program

I, _____, parent/guardian, of _____ (student's name), have received a copy of the **Federal 2025 Annual Low-Income Levels***. I certify that my family household income is within the income guidelines for a family of _____ (write number of family members).

Parent/Guardian Signature Date

* Household income does not exceed 185 percent of the federal poverty income guidelines.

Federal 2025 Annual Low-Income Levels

The following table lists annual family incomes, by family size, at 185% of the poverty level. If the student's annual family income falls within the amount listed in the relevant row and column, that student qualifies for an AP Exam fee reduction.

| Size of Family Unit | Annual Family Income* |
|---------------------|-----------------------|
| 1 | \$28,953 |
| 2 | \$39.128 |

| | |
|---|-----------|
| 3 | \$49,303 |
| 4 | \$59,478 |
| 5 | \$69,653 |
| 6 | \$79,828 |
| 7 | \$90,003 |
| 8 | \$100,178 |

For each additional family member, add an additional: \$10,175

- *The figures shown under annual family income represent amounts equal to 185% of the 2025 Federal Income poverty guidelines issued by the U.S. Department of Health and Human Services. These levels were published by the USDA Food and Nutrition Service in the Federal Register, Vol. 89, No. 30, 2/28/24, pp. 14625-14626. These Income Eligibility Guidelines are effective from July 1, 2025 through June 30, 2026.