



**KAMEHAMEHA SCHOOLS
FINANCIAL AID AND SCHOLARSHIP SERVICES
Application Fee Waiver Request Form**

**Mail to: Kamehameha Schools
Applicant Services Center-Attn FASS
567 South King Street, Suite 102
Honolulu, Hawaii 96813**

How do I know if I qualify?

Applicants may request for a Kamehameha Schools (KS) Fee Waiver Code to cover the \$20.00 cost of the KS Financial Aid and Scholarship online or paper application. If your household income meets or is below the following income levels, complete the information below and provide a copy of your signed 2009 Federal Income Tax return to the any one of the Kokua locations listed in our Program Guidebook or at www.ksbe.edu/finaid.

Household Size	2009 Income Thresholds:	Household Size	2009 Income Thresholds:
2	38,961	7	78,736
3	46,916	8	86,691
4	54,871	9	94,646
5	62,826	10	102,601
6	70,781	10+	\$102,601 + 7,955 for each addition household member

When should I request for the Fee Wavier?

Your fee waiver request must be **received by** the wavier deadline dates below with complete documentation. Mail in requests postmarked after deadlines will be processed, however KS will not be responsible for any late waiver notification to the requestor. Incomplete requests will not be processed.

Financial Aid and Scholarship Programs	Waiver Deadline	Application Deadline
Pauahi Keiki Scholars – Kindergarten	2/15/2010	2/27/2010
Kamehameha Schools Preschool to Grade 12	4/16/2010	4/30/2010
Pauahi Keiki Scholars Cycle 1 (August 2010 – July 2011)	4/16/2010	4/30/2010
Pauahi Keiki Scholars Cycle 2 (January 2011 – July 2011)	9/16/2010	9/30/2010

Contact Information

Parent/Guardian A: _____ Phone Number: (____) _____
Provide the name of the Parent/Guardian A on your application

I/We will be using this waiver to complete my/our
 Online
 Paper Application

I/We would like to receive my/our waiver notice by
 Mail
 Email _____
Provide valid email address

If by US Mail please provide the following information:

Mailing Address City, State Zip Code

Provide one of your children’s name and the program he/she is applying to:

Child’s Name _____ **Program** _____

I certify that the information above and the supporting documents provided to Kamehameha Schools are true and correct. I also understand that it is my responsibility to complete and send in this request by the waiver deadline dates.

Parent/Legal Guardian’s Signature: _____ Date: _____

For Office Use Only

1. Review submitted 2009 1040 IRS Federal Income Tax Return. Record the number of exemptions and adjusted Gross income below. Attach a copy of the 1st page of applicant's 1040 Income Tax Return:

	Number of Total Exemptions:	1040 Adjusted Gross Income (AGI)
Form 1040	Line: 6d _____	Line: 37 _____
Form 1040A	Line: 6d _____	Line: 21 _____
Form 1040EZ	Line: 6d _____	Line: 21 _____

2. Take total exemptions noted above and compare the 1040 AGI. Determine if AGI meets or falls below the income thresholds stated below:

Household Size	2009 Income Thresholds:	Household Size	2009 Income Thresholds:
2	38,961	7	78,736
3	46,916	8	86,691
4	54,871	9	94,646
5	62,826	10	102,601
6	70,781	10+	\$102,601 + 7,955 for each addition exemption

3. Assign waiver code if applicant's AGI is at or below the income threshold. Record the waiver code issued and when waiver code was sent or released to the applicant.

Fee Waiver Number: _____ Sent on: _____

4. Complete and sign.

Print Name of Authorized KS Staff

Signature of Authorized KS Staff

Title of Authorized KS Staff

Phone

Date

Location Waiver Request Accepted/Issued:

- Applicant Services Center
- CLCN
- East Hawaii RRC
- FASS
- KS Hawaii Walk-in
- KS Hawaii NSO
- KS Kapalama NSO
- KS Maui Walk-in

- KS Maui NSO
- Kauai RRC
- West Hawaii RRC
- Molokai/Lanai RRC
- Punaluu QLCC
- WHA
- Windward Mall
- St. George
- Other: _____