

West High School
Request for IB Exam Financial Assistance

DUE DATE: on or before October 5 (must be submitted with exam order form)

Student's Name

Student's Signature

Parent Name

Parent Signature

Once the IB exams are ordered, if the student does not take the exam, the family is responsible for the full cost of the exam.

I am requesting: _____ Full Financial Assistance

 _____ Partial Financial Assistance

Demonstration of Financial Need (please check if any apply)

_____ I have received or am eligible to receive an ACT or SAT testing fee waiver.

_____ I am eligible for ***and enrolled*** in the Federal Free or Reduced Price Lunch Program

Request for Financial Assistance: Below, please explain any circumstances that would assist us in understanding your situation and reason to request financial assistance. (Attach additional sheet if necessary). **A request for assistance is not a guarantee, as we must consider all requests. However, please assume that your request has been approved unless you hear otherwise from the IB Coordinator.**

School Use Only

_____ Approved

_____ Denied

Amount of Assistance _____