

**West High School**  
**Request for IB Exam Financial Assistance**

**DUE DATE: on or before October 23, 2020 (must be submitted with exam order form)**

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Student's Name \_\_\_\_\_ Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

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Parent's Name \_\_\_\_\_ Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

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**\*\*\* Once your IB exam(s) is (are) ordered, if you decide not to sit for the course exam, the family is responsible for the full cost of all exams ordered. Your transcript will be held until the deficiency is cleared. \*\*\***

I am requesting \_\_\_\_\_ Full Financial Assistance to cover all exam fees (Amount requested: \$ \_\_\_\_\_)  
\_\_\_\_\_ Partial Financial Assistance (Amount requested: \$ \_\_\_\_\_)

**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 your request for financial assistance. (Attach additional sheet if necessary or continue on the back of this sheet.)

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.**

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School Use Only:

\_\_\_\_\_ Approved      \_\_\_\_\_ Denied      Amount of Assistance \_\_\_\_\_