

West High School

Request for IB Exam Financial Assistance

DUE DATE: on or before October 29, 2021 (Must be submitted with exam order form)

Student Name: _____ Grade: _____

Once the IB exam(s) is(are) ordered, students who choose not to take the exam(s) become responsible for all costs associated with the exam(s). Transcripts and schedules will be held until all outstanding fees are paid.

I am requesting: _____ Full Financial Assistance (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 relevant information that would help us understand your request for financial assistance. (Attach additional sheet if necessary). **All information will be kept confidential.**

Student Signature

Date

Parent Signature

Date

A request for assistance is not a guarantee, as we must consider all requests. You will be notified about the status of your request.

School Use Only

_____ Approved _____ Denied

Amount of Assistance \$ _____