

West High School
Request for IB Exam Financial Assistance
Due on or before Friday, November 3, 2023

Student's name: _____ **Grade level:** _____

- Once you receive an agreement of assistance and place an order for any IB exam, you are expected to take the exam.
- If you do not take all portions of the IB assessment for that course, you will become responsible for all costs associated with the exam(s).
- Transcripts and schedules will be held until all outstanding fees are paid.

Please choose one option below.

_____ I am requesting Partial Financial Assistance in the amount of \$ _____.

_____ I am requesting Full Financial Assistance in the amount of \$ _____.

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 remain 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.**