

2024 AAMC Fee Assistance Program Application Workbook

This document is intended to serve as a resource for AAMC Fee Assistance Program applicants. The questions contained in the 2024 AAMC Fee Assistance Program application are listed below and, where possible, selection choices are also provided. Unless otherwise noted, all questions require a response. *Items in blue are explanatory notes.*

You may initiate a 2024 AAMC Fee Assistance Program application at www.aamc.org/feeassistance. This resource is designed to help you prepare your materials for the AAMC Fee Assistance application but does not replace the online application.

DO NOT SUBMIT THIS RESOURCE.

SAMPLE

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Initiating the Fee Assistance Program Application

To begin the application, click the *My AAMC Profile* tab. You will need to complete that section before you can proceed to the other sections.

- Completion of the Parent Information section is required for all Fee Assistance Program applicants under age 26.
- After you have entered information about you and your parents, carefully review the Application Summary before you submit your application.
- If the financial information you submit meets Fee Assistance Program eligibility requirements you will be provided information on the Next Steps.
- Please refer to the Help section of this application or the [Fee Assistance Program web site](#) for additional information.

My AAMC Profile

Your Preferred Name, Legal Name, Birth Date and Email Address, are synced directly to your AAMC Profile account. Any changes that you make to your AAMC Profile account will be automatically reflected in your Fee Assistance Program application. After you certify and submit your Fee Assistance Program application, you can update this information by accessing your AAMC Profile.

Name

You must enter your full legal name and preferred name.

Prefix (optional, select one)

Capt.	Col.	Dean	Dr.	Ens.
Fr.	Gen.	Hon.	Imam.	Lt.
Lt.Col.	Maj.	Miss	Mr.	Mrs.
Ms.	Mx.	N/A	Prof.	Rabbi
Rep.	Rev.	Rhon.	Sen.	Sr.

First Name	Middle Name	Last Name	Postnomial Suffix

Generational Suffix (optional, select one)

Jr.	Sr.	I	II	III
IV	V	VI	VII	VIII

Legal Name

First Name	Middle Name	Last Name	Postnomial Suffix

Generational Suffix (optional, select one)

Jr.	Sr.	I	II	III
IV	V	VI	VII	VIII

Contact

Email

Birth Information

Birth Date

Applicant Information

Citizenship Status

Are you currently a U.S. citizen or U.S. national; a lawful permanent resident (LPR) of the United States (also known as a green card holder), refugee, asylee, Deferred Action for Childhood Arrivals (DACA) recipient, or a person awaiting status approval (refugee or asylum) by the U.S. government and have a U.S. Employment Authorization Document (EAD card)?

- U.S. Citizen or U.S. national
- A lawful permanent resident (LPR) of the United States (also known as green card holder)
- A refugee or asylee
- A recipient of Deferred Action for Childhood Arrivals (DACA)
- A person awaiting refugee or asylum status approval by the U.S. government and have been issued a U.S. Employment Authorization Document (EAD card)
- Other

Self-Identification (optional)

The following question is optional. AAMC is collecting the data for research purposes. Your response will not be considered when determining your Fee Assistance Program eligibility.

If you reside in the European Union, do not answer this question.

How do you self-identify? You may optionally enter this information on this page. Please check all that apply

- Hispanic, Latino, or of Spanish origin
 - Argentinean Colombian Cuban Dominican
 - Mexican Peruvian Puerto Rican Other Hispanic
- American Indian or Alaska Native
 - Tribal affiliation
- Asian
 - Bangladesh Cambodian Chinese Filipino
 - Indian Indonesian Japanese Korean
 - Laotian Pakistani Taiwanese Vietnamese
- Black or African American
 - African American African Afro-Caribbean Other Black
- Native Hawaiian or Other Pacific Islander
- White
- Other

Mailing Address

The address entered below would be your permanent residence in US. Please enter valid address details

Country of Residence

United States

Canada

Other

Address
City
State
Zip Code
State of Legal Residence
Daytime Phone:

Family Information

Note: Family size only refers to those listed on your 1040 Federal tax return (if filing). To calculate your family size, add "1" for yourself, and "1" for each dependent you list on your 1040 Federal tax return for 2023. Please see Help for more information.

Were you married as of December 31, 2023?

- Single
 Married

Will you be filing taxes jointly? Yes No

If 'No' is selected, you will be required to provide 2023 income for your spouse.

- Separated

Will you be filing taxes jointly? Yes No

If 'No' is selected, you will be required to provide 2023 income for your spouse.

- Widowed
 Divorced

Enter your family Size

--

Personal Information for Spouse (where applicable)

Provide your Spouse's Full Legal Name

Salutation (optional, select one)

Capt.	Col.	Dean	Dr.	Ens.
Fr.	Gen.	Hon.	Imam.	Lt.
Lt.Col.	Maj.	Miss	Mr.	Mrs.
Ms.	Mx.	N/A	Prof.	Rabbi
Rep.	Rev.	Rhon.	Sen.	Sr.

First Name	Middle Name	Last Name

Suffix (optional, select one)

Jr.	Sr.	I	II	III
IV	V	VI	VII	VIII

State of Legal Residence

APO-FPO Americas	APO-FPO Europe	APO-FPO Pacific
Alabama	Alaska	American Samoa
Arizona	Arkansas	California
Colorado	Connecticut	Delaware
District of Columbia	Florida	Georgia
Guam	Hawaii	Idaho
Illinois	Indiana	Iowa
Kansas	Kentucky	Louisiana
Maine	Marshall Islands	Maryland
Massachusetts	Michigan	Minnesota
Mississippi	Missouri	Montana
Nebraska	Nevada	New Hampshire
New Jersey	New Mexico	New York
North Carolina	North Dakota	Northern Mariana Islands
Ohio	Oklahoma	Oregon
Pennsylvania	Puerto Rico	Rhode Island
South Carolina	South Dakota	Tennessee
Texas	Unknown USA	Utah
Vermont	Virgin Islands	Virginia
Washington	West Virginia	Wisconsin
Wyoming	Foreign Residency	

Enter your spouse's family size:

Note: This will only populate if you selected, 'Yes' to filing taxes separately from your spouse.

--

Applicant Financial

If you are married and filing taxes separately, you will complete a separate financial information section for your spouse's income.

Taxable Income

Have you and your spouse filed your Federal 1040 Tax Form for 2023?

Yes Not yet Will not be filing

Yes - Enter the Adjusted Gross Income (AGI) as it appears on your Federal 1040 Tax Form for 2023

Note: Adjusted Gross Income is typically found at the bottom of the first page of a Federal 1040 Tax Form.

\$

Not yet and Will not be filing - Have you or will you (and/or your spouse) be receiving W-2 and/or 1099 forms from your employer(s) for 2023?

Note: These are forms issued by employers stating how much you were paid in a year

Yes No

Yes - Enter the Sum of all income from your (and/or your spouse) W-2 and/or 1099 forms for 2023

Note: These are forms issued by employers stating how much you were paid in a year. If you selected 'Not Yet' to filing and it is after the tax filing deadline, we will require a 2023 1040

\$

Other Income

Did you and your spouse receive Financial Aid for the Academic Year 2023 - 2024?

Yes No

Yes –

Enter total financial aid awarded:

Enter total tuition amount you and/or your spouse spent, or expect to spend, on tuition for the academic year 2023 – 2024:

Enter the total amount you and/or your spouse spent, or expect to spend, on books for the academic year 2023 – 2024:

Enter the total amount you and/or your spouse spent, or expect to spend, on fees (e.g. lab fees, studio fees, activities fees, etc.) for the academic year 2023 – 2024:

Was any housing and/or food assistance provided to you (and your spouse) or paid on your behalf by family, friends, an employer or other entity (other than Financial Aid or welfare) in 2023?

Note: This does not refer to Welfare. This section refers to a situation where you may have lived with a family member or friend rent-free and/or had food expenses (like groceries) paid for. By filling out this section you will be required to provide a Housing/Food Assistance Letter available on the Fee Assistance Program website.

Yes No

Yes –

Enter the total number of months that free rent and/or food was received:

Amount of money you and/or your spouse would have paid monthly for rent:

Amount of money you and/or your spouse would have spent monthly for food:

Did you and/or your spouse receive income from work or other sources while residing in a country outside the United States in 2023?

Yes No

Yes –

Enter total Foreign Income received converted to US Dollars:

By selecting 'Yes' you will be required to provide a Foreign Income Letter available on the Fee Assistance Program website.

Enter the amount of income you and your spouse received for each section below in 2023:

(Enter 0 into each box if no income from that source was received)

Enter total Social Security Benefits received (e.g. retirement, disability, survivor, etc.):

Enter total value of assistance received from federal, state, or local welfare programs (other than Social Security):

Enter the total amount of cash or financial gifts received from family, friends, or other entity:

(Enter amount only if greater than \$200)

Enter Total Amount of Child Support Received:

Enter Total Amount of Alimony or Spousal Support Received:

Enter the Total Amount of Income or Financial Support received from Other sources not listed above:

Spouse Financial Details (where applicable)

Taxable Income

Have you and your spouse filed your Federal 1040 Tax Form for 2023?

Yes Not yet Will not be filing

Yes - Enter the Adjusted Gross Income (AGI) as it appears on your Federal 1040 Tax Form for 2023

Note: Adjusted Gross Income is typically found at the bottom of the first page of a Federal 1040 Tax Form.

Not yet and Will not be filing - Have you or will you (and/or your spouse) be receiving W-2 and/or 1099 forms from your employer(s) for 2023?

Note: These are forms issued by employers stating how much you were paid in a year

Yes No

Yes - Enter the Sum of all income from your (and/or your spouse) W-2 and/or 1099 forms for 2023

Note: These are forms issued by employers stating how much you were paid in a year. If you selected 'Not Yet' to filing and it is after the tax filing deadline, we will require a 2023 1040

Other Income

Did you and your spouse receive Financial Aid for the Academic Year 2023 - 2024?

Yes No

Yes –

Enter total financial aid awarded:

Enter total tuition amount you and/or your spouse spent, or expect to spend, on tuition for the academic year 2023 – 2024:

Enter the total amount you and/or your spouse spent, or expect to spend, on books for the academic year 2023 – 2024:

Enter the total amount you and/or your spouse spent, or expect to spend, on fees (e.g. lab fees, studio fees, activities fees, etc.) for the academic year 2023 – 2024:

Was any housing and/or food assistance provided to you (and your spouse) or paid on your behalf by family, friends, an employer or other entity (other than Financial Aid or welfare) in 2023?

Note: This does not refer to Welfare. This section refers to a situation where you may have lived with a family member or friend rent-free and/or had food expenses (like groceries) paid for. By filling out this section you will be required to provide a Housing/Food Assistance Letter available on the Fee Assistance Program website.

Yes No

Yes –

Enter the total number of months that free rent and/or food was received:

Amount of money you and/or your spouse would have paid monthly for rent:

Amount of money you and/or your spouse would have spent monthly for food:

Did you and/or your spouse receive income from work or other sources while residing in a country outside the United States in 2023?

Yes No

Yes –

Enter total Foreign Income received converted to US Dollars:

By selecting 'Yes' you will be required to provide a Foreign Income Letter available on the Fee Assistance Program website.

Enter the amount of income you and your spouse received for each section below in 2023:

(Enter 0 into each box if no income from that source was received)

Enter total Social Security Benefits received (e.g. retirement, disability, survivor, etc.):

Enter total value of assistance received from federal, state, or local welfare programs (other than Social Security):

Enter the total amount of cash or financial gifts received from family, friends, or other entity:

(Enter amount only if greater than \$200)

Enter Total Amount of Child Support Received:

Enter Total Amount of Alimony or Spousal Support Received:

Enter the Total Amount of Income or Financial Support received from Other sources not listed above:

SAMPLE

The Parental section only applies to applicants under 26 years of age. If you are under 26 years of age, parental information along with their financial information for 2023 will be required. If you are not yet 26 and will be turning 26, we advise you to wait until you are 26 before submitting the application. We will not be able to waive parental information once you have submitted with an age under 26.

Additionally, regardless of the parent's marital status we require income for both parents.

Parent Information

Dependent/Independent Status Disclosure

The AAMC Fee Assistance Program is privately funded and has established certain eligibility guidelines, which may differ from federally funded aid programs. These eligibility guidelines take in to account the federal poverty guideline, as specified by family size, and are verified by tax documentation from the previous year. Unlike some federally funded programs, the AAMC Fee Assistance Program does not draw distinction based on your dependent or independent status, and therefore, parent financial information and supporting tax documentation are required portions of the application process for all applicants. Parental information is viewed independently from applicant data, but must also fall within eligibility guidelines. This requirement cannot be waived on the basis of your marital status or tax filing status. Entering false or inaccurate information about your parents may result in an investigation. If you are unsure how to proceed with this section, please contact us.

I Agree

Parent Information

Provide the following information ONLY for living parents, and their spouse, who meet the definition below and whose information will be provided on this form. Widowed should only be used if the surviving parent was unmarried as of Dec 31 of last year.

Do you have any living parents?

Do not select this response if your parents are institutionalized, incarcerated, or experiencing another circumstance without reviewing and following the instructions in the Fee Assistance Program Essentials.

Yes, at least one of my parents is alive

No, my parents are deceased

- Married
- Divorced, One or Both Remarried
- Divorced, Neither Remarried
- Not Married and Both Parents Living Together
- Not Married and Living Separately
- Separated
- Widowed
- Single

Personal Information for Parent 1

Provide your Parent's Full Legal Name

Salutation (optional, select one)

Capt.	Col.	Dean	Dr.	Ens.
Fr.	Gen.	Hon.	Imam.	Lt.
Lt.Col.	Maj.	Miss	Mr.	Mrs.
Ms.	Mx.	N/A	Prof.	Rabbi
Rep.	Rev.	Rhon.	Sen.	Sr.

First Name	Middle Name	Last Name

Suffix (optional, select one)

Jr.	Sr.	I	II	III
IV	V	VI	VII	VIII

State of Legal Residence

- | | | |
|----------------------|-------------------|--------------------------|
| APO-FPO Americas | APO-FPO Europe | APO-FPO Pacific |
| Alabama | Alaska | American Samoa |
| Arizona | Arkansas | California |
| Colorado | Connecticut | Delaware |
| District of Columbia | Florida | Georgia |
| Guam | Hawaii | Idaho |
| Illinois | Indiana | Iowa |
| Kansas | Kentucky | Louisiana |
| Maine | Marshall Islands | Maryland |
| Massachusetts | Michigan | Minnesota |
| Mississippi | Missouri | Montana |
| Nebraska | Nevada | New Hampshire |
| New Jersey | New Mexico | New York |
| North Carolina | North Dakota | Northern Mariana Islands |
| Ohio | Oklahoma | Oregon |
| Pennsylvania | Puerto Rico | Rhode Island |
| South Carolina | South Dakota | Tennessee |
| Texas | Unknown USA | Utah |
| Vermont | Virgin Islands | Virginia |
| Washington | West Virginia | Wisconsin |
| Wyoming | Foreign Residency | |

Personal Information for Parent 2

Salutation (optional, select one)

Capt.	Col.	Dean	Dr.	Ens.
Fr.	Gen.	Hon.	Imam.	Lt.
Lt.Col.	Maj.	Miss	Mr.	Mrs.
Ms.	Mx.	N/A	Prof.	Rabbi
Rep.	Rev.	Rhon.	Sen.	Sr.

First Name	Middle Name	Last Name

Suffix (optional, select one)

Jr.	Sr.	I	II	III
IV	V	VI	VII	VIII

State of Legal Residence

APO-FPO Americas	APO-FPO Europe	APO-FPO Pacific
Alabama	Alaska	American Samoa
Arizona	Arkansas	California
Colorado	Connecticut	Delaware
District of Columbia	Florida	Georgia
Guam	Hawaii	Idaho
Illinois	Indiana	Iowa
Kansas	Kentucky	Louisiana
Maine	Marshall Islands	Maryland
Massachusetts	Michigan	Minnesota
Mississippi	Missouri	Montana
Nebraska	Nevada	New Hampshire
New Jersey	New Mexico	New York
North Carolina	North Dakota	Northern Mariana Islands
Ohio	Oklahoma	Oregon
Pennsylvania	Puerto Rico	Rhode Island
South Carolina	South Dakota	Tennessee
Texas	Unknown USA	Utah
Vermont	Virgin Islands	Virginia
Washington	West Virginia	Wisconsin
Wyoming	Foreign Residency	

Parent Financial

Depending on the parental status you select, you will enter your parent(s) finances together or separately (and their respective household).

Parent Family Information

Enter the family size for the household of (Parent 1)

Note: Family size only refers to those listed on your 1040 Federal tax return (if filing). To calculate the family size for parents, add "1" for parent 1, "1" for parent 2 and "1" each for any dependents listed on parent's joint 1040 Federal tax return(s) for 2023. Please see Help for more information.

Taxable Income

Has Parent 1 and/or Parent 2 filed Federal Tax Returns for 2023?

Yes Not yet Will not be filing

If you selected 'Not Yet' to filing and it is after the tax filing deadline, we will require a 2023 1040

Yes

Enter the Adjusted Gross Income (AGI) as it appears on the Federal 1040 Tax Form for 2023

Note: Adjusted Gross Income is typically found at the bottom of the first page of a Federal 1040 Tax Form. If Married, Filing Separately, enter the sum of the AGI from both 1040 Federal Tax Forms.

Not yet - Note: After the federal tax filing deadline in April, the AAMC requires a Federal 1040 Tax Form for all Fee Assistance Program applicants and parents who are required to file a tax return with the IRS. Refer to the IRS web site to determine if you are required to file a tax return.

Has or will Parent(s) be receiving a W-2 and/or 1099 from any employer(s) for 2023?

Yes No

Yes - Note: These are forms issued by employers stating how much you were paid in a year

Enter the Sum of all income from Parent(s) W-2 and/or 1099 forms for 2023

Other Income

Was any housing and/or food assistance provided to Parent(s) or paid on parent's behalf by family, friends, an employer, or other entity (other than Financial Aid or welfare) in 2023?

Note: This does not refer to Welfare. This section refers to a situation where your parent(s) may have lived with a family member or friend rent-free and/or had food expenses (like groceries) paid for. By filling out this section you will be required to provide a Housing/Food Assistance Letter available on the Fee Assistance Program website.

Yes No

Yes –

Enter the total number of months that free rent and/or food was received:

Amount of money Parent would have paid monthly for rent:

Amount of money Parent would have spent monthly for food:

Did Parent(s) receive income from work or other sources while residing in a country outside the United States in 2023?

Yes No

Yes – By selecting 'Yes' you will be required to provide a Foreign Income Letter available on the Fee Assistance Program website.

Enter total Foreign Income received converted to US Dollars:

Enter the amount of income Parent(s) received for each section below in 2023:

(Enter 0 if no income from that source was received)

Enter total Social Security Benefits received (e.g. retirement, disability, survivor, etc.):

Enter total value of assistance received from federal, state, or local welfare programs (other than Social Security):

Enter the total amount of cash or financial gifts received from family, friends, or other entity

(Enter amount only if greater than \$200)

Enter Total Amount of Child Support Received

Enter the Total Amount of Income or Financial Support received from Other sources not listed above

Review for Accuracy

I have reviewed this Application Summary page. The information shown, including all my contact information, is accurate and complete, to the best of my knowledge.

I Agree

Submit Application

Review your Fee Assistance Program Application's Summary Report

You cannot change, correct, or update most information on your Fee Assistance Program application once it has been certified and submitted to the AAMC for processing. However, you will be able to update your legal name, birth date, and email address at any time via your AAMC Profile.

Click "[Application Summary](#)" to review the data you have entered in your Fee Assistance Program application before certifying and submitting your application to the AAMC. Any changes you made to your legal name, birth date, or email address via your AAMC Profile will be reflected in this summary. If you notice errors on this summary, you should make the necessary changes to your application before certifying and submitting it to the AAMC.

You may print the Application Summary by selecting "Print" in your browser. The Fee Assistance Program Application Summary is for your records. Do not submit this summary to the AAMC.

Certification Statement

By selecting "I Agree" at the end of the Certification Statement, you acknowledge that you have read and understand these terms.

I certify that I have read and understand the policies and procedures contained in the *Fee Assistance Program Essentials for Calendar Year 2024* and that I agree to comply with them. Further, I certify that the information provided in this application is complete and accurate.

I understand and agree to the [AAMC Website Terms and Conditions](#) and the [AAMC Privacy Statement](#).

I understand that any alleged violation of this Certification Statement or any alleged activity that may compromise the integrity or security of the Fee Assistance Program application may be investigated. If I violate the terms of this Certification Statement, including the additional terms and conditions stated in the *Fee Assistance Program Essentials for Calendar Year 2024*, or fail to fully cooperate in any investigation, I may face the following consequences, further outlined in the *Fee Assistance Program Essentials for Calendar Year 2024*:

- The AAMC may issue a report of the factual findings of the investigation to legitimately interested parties, both now and in the future.
- I may lose my eligibility to apply to, or receive an award from, the Fee Assistance Program in the future.

I have read and agree to comply with the terms of the Certification Statement, including the additional terms and conditions stated in the *Fee Assistance Program Essentials for Calendar Year 2024*, and I understand the consequences for failing to comply.

I Agree

After clicking agree for the certification statement, you will then click the Submit button to Submit your Fee Assistance Program application.

This is result of clicking submit button. It yields Submitted & On Hold Status.

Application Status: Submitted & On Hold

Based upon the information you provided in your application, you may be eligible for Fee Assistance. Before your application can be reviewed, you need to complete the following Next Steps.

Step 1. MCAT Exam

Some of the Fee Assistance Program benefits are for MCAT examinees. If you will be taking the MCAT exam this year or next year, please indicate so.

Step 2. Consent and Certification Forms

Depending upon information entered for your parents, you will have one or more forms to print and have signed.

Step 3. Document Gathering and Upload Documents

Gather required documents and upload them. Documents may be PDF files, text files, or images. You may submit saved files, scanned documents, or even photos of documents taken with a smartphone or digital camera.

- Templates for some document types are available at [Fee Assistance Program "What You Need to Apply"](#)

Note to Apple iOS users: Currently, Apple only permits uploads of photos to websites, not files like PDF or Text documents. Please use another device to submit those document types.

Please refer to the Help section of this application or the [Fee Assistance Program web site](#) for additional information.

Your application cannot be processed until all required documents have been received. Remember MCAT registration fees and AMCAS application fees paid prior to Fee Assistance approval are non-refundable.

If you no longer wish to be considered for fee assistance this year, you may Withdraw your application. Please be aware, your application cannot be reinstated once withdrawn.

Next Steps

Step 1: Would you like to receive MCAT Official Prep products upon approval?

Would you like to receive MCAT Official Prep products upon approval? The MCAT Official Prep product benefits vary from year to year. Select "No" if you plan to take the MCAT exam more than one year from the date of your Fee Assistance award. You will be able to log into your account and change your response to "Yes" when you are ready to receive your MCAT Official Prep product benefits.

Yes No

Step 2: Advisor Release

Do you authorize the AAMC to release your Fee Assistance Program award status to the school-designated advisor(s) at institutions you have attended? The school-designated advisor(s) have met AAMC-established requirements and are bound by confidentiality. The AAMC will only provide your award status; detailed financial information will not be released. Advisors will only be able to view your award status if you also elect to release your MCAT scores and/or AMCAS application information.

Note: Your Fee Assistance Program award information will not be made available to the Pre-Health Advisor(s) if

you do not agree to release your award information even if you chose to release your MCAT exam score(s) and AMCAS application.

Yes No

Step 3: Financial Certification Forms

You will need to submit signed copies of each of the forms below, along with your supporting financial documents. Click on the form name to open the file. Print each document and have it signed by the appropriate individual(s). Instructions for submitting documents are included on the form.

- [Applicant Certification Form](#) (sample)
- [Parent Certification Form](#) (sample)

Step 4: Document Gathering and Upload

Supporting financial documents are required for the applicant, spouse, and each parent household. Based upon the information you have provided, the documents below are required. Each section also provides you with an Optional Supplemental Documents section where you can add one or more additional documents, as needed.

The AAMC has created templates for many of the commonly required letters, where no government agency, school or employer document is available. To view and [download templates](#) visit the Fee Assistance Program website "What You Need to Apply" section.

Documents for Applicant/Parent Submission Instructions:

What will generate here are upload boxes for all the forms of income that were stated as received in the 2023 year from your application.

Optional Supplemental Documents

W-2 and/or 1099 forms
Financial Award Letter and Cost of Attendance Info
Welfare Statement
Other Documentation
Housing/Food Assistance Letter, signed
Foreign Income Letter, signed
Error Explanation Letter, signed
Alimony Document

After uploading all required documentation your application status will change to Submitted & Pending Verification

Application Status: Submitted & Pending Verification

Your Fee Assistance Program application and supporting documentation have been received and your application awaiting review and verification.

- This review and verification process may take up to three weeks. Please monitor your email for updates on your application processing.
- If any errors are found or required documentation is missing or rejected you will be contacted via email.

- **An email will be sent when a final award decision has been made.**
- A Fee Assistance Program award is never retroactive. You will not receive a refund for any Fee Assistance Program benefit(s) you paid for prior to receiving your Fee Assistance Program approval.

If you no longer wish to be considered for fee assistance this year, you may Withdraw your application. Please be aware, your application cannot be reinstated once withdrawn.

SAMPLE