



HNBF Office Use Only

Approved

Denied      Date: \_\_\_\_\_

By: \_\_\_\_\_

**2016 Future Latino Leaders Law Camp  
Request to Waive Application Fee**

Email completed form to [HNBFLawCamp@hnb.org](mailto:HNBFLawCamp@hnb.org) or fax to 202.496.7756.

**PART I: Student Applicant Information (Please Print)**

Applicant's Name: \_\_\_\_\_  
(Last) (First) (Middle)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**PART II: Financial Information from Applicant's Parents**

- A. Total Size of Parents' Household in 2015: \_\_\_\_\_ (Include applicant, parent's registered domestic partner, other dependent children, and other dependents)
- B. Actual or Expected Parents' Adjusted Gross Income (AGI) for 2015: \$ \_\_\_\_\_
- C. Any additional Untaxed Income for 2015: \$ \_\_\_\_\_
- D. Total B + C: \$ \_\_\_\_\_
- E. Does your child receive free or reduced-priced lunch at school?  Yes  No

**PART III: Please Provide Any Additional Information in Support of Your Request for the \$50 Fee Waiver (Attach additional page(s) if necessary):**

**PART IV: Certification**

**I (we) certify under the penalty of perjury under the laws of the District of Columbia that all information reported in this form is true, complete and accurate.**

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Father's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Father's Name:** (please print) \_\_\_\_\_

**Mother's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Mother's Name:** (please print) \_\_\_\_\_