



**2017 Future Latino Leaders Law Camp
Request to Waive Application Fee**

HNBF Office Use Only

Approved

Denied Date: _____

By: _____

Email completed form to 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 2016: _____ (Include applicant, parent's registered domestic partner, other dependent children, and other dependents)
- B. Actual or Expected Parents' Adjusted Gross Income (AGI) for 2016: \$ _____
- C. Any additional Untaxed Income for 2016: \$ _____
- 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) _____