

AP Exam Scholarship Application 2017

Please bear in mind that these funds are very limited and will be approved on a case-by-case basis in the order they are received.
Turn in this application early to ensure consideration.

Name: _____

AP Exams you are planning on taking: _____

Full price for all exams I plan to take: _____

Amount requested: _____

Email address for contact: _____

Explanation of your need: please include why you do not qualify for the State fee reduction program.

Parent Signature

Date

Student Signature

Date

*Use another piece of paper if necessary.
Please do not write below this line*

Reviewed by: _____ Date: _____

Amount approved: _____ AP Enrich _____ AP Coordinator _____ Admin _____