

2016–17 Statement of Income Eligibility
Advanced Placement/International Baccalaureate Test Fee Program

I, _____, parent/guardian, of
_____ (student's name), have received a copy of the **Federal
2016–2017 Annual Low-Income Levels***. I certify that my family household income is
within the income guidelines for a family of _____ (write number of family
members).

Parent/Guardian Signature

Date

* Household income does not exceed 185 percent of the federal poverty income guidelines.