



# ISYM Hip-Hop Tuition Reduction Application

**COUNSELORS/SCHOOL OFFICIALS:** Please return completed and signed form to [isym-admin@illinois.edu](mailto:isym-admin@illinois.edu).

**APPLICANT'S NAME:**

Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

***Applicant must meet at least one of the following reasons showing economic need.***

Applicant is enrolled in or eligible to participate in the Federal Free or Reduced Price Lunch program (FRPL).

Applicant's annual family income falls within the Income Eligibility Guidelines set by the USDA Food and Nutrition Service.

Applicant is enrolled in a federal, state or local program that aids students from low-income families (e.g. TRIO programs such as Upward Bound).

Applicant's family receives public assistance.

Applicant lives in federally subsidized public housing, a foster home or is homeless.

Applicant is a ward of the state or an orphan.

Other. *Please state the specific reason why applicant should be eligible for waiver if the reasons above are not applicable.*

\_\_\_\_\_  
\_\_\_\_\_

**SCHOOL OFFICIAL:**

*Please enter your name and contact information in case we need to follow up with you. Request must come from a school official.*

Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Title \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

School Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_