If LSAC has granted you a fee waiver, you are not required to submit this form. When you complete our application online, the site will have a record of this waiver and so you can submit the application there without payment.

TO: Applicant
FROM: Law Admissions Office
RE: Fee Waiver Instructions

Please complete only one section:

Section 1 Must be completed by your financial aid counselor if you are currently receiving financial aid at an undergraduate or graduate institution.

Section 2 Must be completed by your claimant interviewer if you are receiving unemployment benefits.

Section 3 Must be completed by your eligibility worker if you are receiving any type of welfare assistance.

Section 4 Must be completed if you do not fit into any of the above categories.

In order to process your fee waiver, it is imperative that you include your signature and current contact information on page 3. The fee waiver decision will be sent by email.

Send the completed Fee Waiver Form prior to applying for admission. After receiving your request form, we will assess your situation and respond to your request by email within five (5) business days. If your fee waiver is approved, you will be able to apply for admission online at www.lsac.org and bypass the payment section. If your request is not approved, you will be required to pay the $75 fee when submitting your application for admission.

The fee waiver request form, along with supporting documentation, may be sent by email to admissions@law.ucla.edu, by fax at 310-206-7227, or by regular mail at the address below:

UCLA School of Law
Office of Admissions
71 Dodd Hall
Box 951445
Los Angeles, CA 90095-1445
UCLA SCHOOL OF LAW
FEE WAIVER FORM

____________________________________ has requested a waiver of the $75.00 application fee required
by the School of Law. In order to make a decision on this request, we need the following information:

SECTION 1  (TO BE COMPLETED BY FINANCIAL AID COUNSELOR)

1. Is applicant a financial aid recipient for this past academic year? Yes ☐  No ☐

2. By Federal guidelines, is applicant independent? Yes ☐  No ☐
   If no, please answer these questions:
   a) What was parents' past year income? _____________
   b) Number of dependents in the family? _____________
   c) Expected parental contribution? _____________

3. Student budget for academic year at your institution __________________________________________________________________________

4. Student's assets and earnings ___________________________________________________________________________________________

5. Student's eligibility figure ___________________________________________________________________________________________

6. How is student's need being met? ______________________________________________________________________________________
   Please specify:  a) Grants ____________________________
                  b) Loans ____________________________
                  c) Work-Study _______________________
                  d) Other _____________________________

   ____________________________
   TOTAL AWARD

   ______________________________________________________________________________________
   ____________________________
   FINANCIAL AID COUNSELOR  DATE  INSTITUTION

SECTION 2  (TO BE COMPLETED BY CLAIMANT INTERVIEWER)

If applicant is currently receiving unemployment benefits:

   Monthly amount ____________  Expiration date of benefits ________________

   ______________________________________________________________________________________
   ____________________________
   CLAIMANT INTERVIEWER  DATE  INSTITUTION

SECTION 3  (TO BE COMPLETED BY ELIGIBILITY WORKER)

If applicant is currently receiving welfare assistance, list the kinds of assistance:

   ______________________________________________________________________________________
   ______________________________________________________________________________________
   ____________________________
   ELIGIBILITY WORKER  DATE  INSTITUTION
I hereby certify that I am not receiving financial aid as a student, nor am I receiving unemployment or welfare assistance. However, I certify that I need a fee waiver for the following reasons (*please be specific)*:

__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

If you complete this section, you must also fill out the budget supplement.

**BUDGET SUPPLEMENT**

The following estimates should cover the past year.

**ESTIMATED EXPENSES**

Educational fees and books

Room and board
- Rent ______ per month
- Food ______ per month
- Utilities ______ per month

Personal expenses (clothing, recreation, laundry, etc.) ____________________________

Medical and Dental (not covered by Insurance) ____________________________

Clarify ____________________________

Car payments _____ per month

Car insurance, repairs, gas and parking ____________________________

Other transportation ____________________________

Child care while working ____________________________

Child support payments ____________________________

Alimony payments ____________________________

Debt repayments (list additional debts)
- ______ per month
- ______ per month
- ______ per month

Other transportation ____________________________

Other (list additional expenses)
- ______ per month
- ______ per month
- ______ per month

**TOTAL EXPENSES** ____________________________
SECTION 4  (continued)

ESTIMATED RESOURCES
Wages, salaries, tips (before taxes and deductions) ___________per month
Spouse's wages, salaries, tips (before taxes and deductions) ___________per month
Other taxable income (dividends, interest, etc.) ___________per month

Itemize and give dollar amount

Financial assistance from parents ___________ per month
Financial assistance from other family members ___________ per month
Social Security benefits ___________ per month
Veterans or GI educational benefits ___________ per month
Cash, savings, investments and checking accounts ___________ per month
Other (list additional resources) ___________ per month

TOTAL RESOURCES ______________________

ALL APPLICANTS:  BE SURE TO SIGN AND GIVE CURRENT MAILING ADDRESS.  THANK YOU.

__________________________________________  ______________________________
Mr/Ms Applicant's Name (printed)  LSAC Account Number

__________________________________________
Street Address

__________________________________________  ______________________________
City State Zip Code

__________________________________________
Telephone

__________________________________________
E-Mail

__________________________________________  ______________________________
APPLICANT'S SIGNATURE DATE