

Running Start Fee Waiver Petition Whatcom Community College

Return completed form and documentation to the Running Start Office.
Laidlaw Center 134 • 237 Kellogg Road, Bellingham, WA 98226 • 360-383-3123

Student Name: _____ School District: _____

WCC Student ID #: _____ Birth Date: _____

Cell or home phone: _____

I am a Running Start student requesting a waiver of WCC fees (i.e. placement testing, comprehensive & technology fees) and other waivable charges for the following reason:

1. I have been eligible for a Free or Reduced School Meals Program within the past 5 years. I give permission to verify my eligibility with my local school district. I can provide my own documentation if Running Start requests it.

Free/Reduced Meals:

Currently eligible

Used to be eligible back in 20____

2. I am currently eligible for public assistance from a state or federal program. I have attached a copy of a Medical, TANF, or Basic Food benefits statement listing my name. (Documentation must include the student's name and an effective date within the past year.) I understand that I must reapply with new documentation for each year.

3. I am a Foster Youth and am providing a signed statement from my caseworker, on letterhead, as documentation.

I certify that all information on this form is true. I understand that I will be notified only if my petition is denied or incomplete. If my petition is approved, I will not be notified, but the amount due on my student schedule (on MyWCC) will be adjusted to reflect the waiver. I will renew my eligibility each year if the Running Start office requests it. I understand that the waiver will be in effect only when I am enrolled in Running Start.

I understand this does not waive expenses for textbooks and supplies, course fees for materials, late registration fees, surcharges; or tuition/fees for below-100 level classes.

Student Signature: _____ **Date:** _____

FOR OFFICE USE ONLY

___ Free or Reduced-Meals Program

___ Medical Identification Card or statement

___ TANF benefit statement

___ Basic Food statement

___ Foster Youth

___ Other : _____

___ Approved

___ Not Approved

Waiver Authority Signature: _____ Date: _____