



**MIAMI-DADE COUNTY PUBLIC SCHOOLS
SCHOOL OPERATIONS - ADULT AND COMMUNITY EDUCATION
DFAP/FEE WAIVER APPLICATION**

Term: _____ Date: _____ Student I.D. Number: _____ Student Date of Birth: _____

Last Name: _____ First Name: _____ Middle Initial: _____

Address: _____ City: _____ Zip code: _____

| Section Number | Course Name | Amount |
|----------------|-------------|--------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Total Amount \$ _____

I certify that all of the above information is true and I understand my application will not be considered until I have supplied the documentation that is required by law.

Student Signature

FOR OFFICE USE ONLY

Eligibility for the District Financial Aid Program (DFAP) is determined by the Free Application for Federal Student Aid (FAFSA) with an Expected Family Contribution (EFC) of <7001.

Fee Waiver - **A DFAP eligible student is automatically eligible for a FREE Waiver.** Any of the following documents can be used to determined fee waiver eligibility.

1. A signed tax return*
2. W-2 forms*
3. Notarized statement of income from the student
4. Supplemental Nutrition Assistance Program (SNAP) food stamp authorization.
5. Evidence of Unemployment compensation
6. Consistent attendance and Satisfactory Academic Progress (SAP) in any program of study for one full trimester as determined by school administration
7. An existing M-DCPS employee enrolling in an approved District sponsored program (Fee Waivers Only).

*All social security numbers must be redacted prior to retaining a copy. Original documents must be returned to the student.

Administrator/Counselor Signature Date

This application for DFAP/FEE Waiver is
Disapproved Reason _____ Approved Amount \$ _____

Principal or Designee Signature Date