Missouri Pre-Service Teacher Assessment (MoPTA)
2015–16 Fee Reduction Request Form

Last Updated 7/21/15

Test fee reductions may be available for students who meet all eligibility criteria. If you qualify for a fee reduction, the test fee for the Missouri Pre-Service Teacher Assessment (MoPTA) may be reduced by $100. The reduction will be credited back to the original form of payment used at registration. Please see the Missouri Performance Assessments Informational website for information on applying for a fee reduction. This form must be received by the submission window registration deadline. Late or incomplete requests will be returned unprocessed. Note that fee reduction funds are limited. Funds may be exhausted prior to the deadline.

Please print all information below.

Date: ________________________________  ETS Online Account ID: ________________________________
Month               Day              Year

Applicant’s Name (print your name as it appears in your online account)
First Name: ___________________________  M.I.: ________  Last Name:_________________________________
Street Address: _________________________________________________________________________________
City: ___________________________________________  State or Province: ______________________________
Zip or Postal Code: _______________________________  Country Code: _________________________________
U.S. Social Security Number (Last 4 Digits): ____________
Daytime Phone Number: __________________________  Evening Phone Number: ________________________
Fax Number: ____________________________________  Email Address: ________________________________

Income Guidelines

<table>
<thead>
<tr>
<th>Family Size (including student)</th>
<th>Maximum Total Family Income*</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>32,090.58</td>
</tr>
<tr>
<td>2</td>
<td>37,357.74</td>
</tr>
<tr>
<td>3</td>
<td>42,134.58</td>
</tr>
<tr>
<td>4</td>
<td>44,713.62</td>
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<tr>
<td>5</td>
<td>48,511.98</td>
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<td>6</td>
<td>51,069.42</td>
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<td>7</td>
<td>53,651.70</td>
</tr>
<tr>
<td>8</td>
<td>56,222.10</td>
</tr>
<tr>
<td>9</td>
<td>58,792.50</td>
</tr>
<tr>
<td>10</td>
<td>61,346.70</td>
</tr>
</tbody>
</table>

*including the student’s income before taxes

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Fee Waiver Request Personal Information (information provided on this form is considered confidential)

1. Family Size (including yourself) ______________________________________________________________
2. Number of Dependents (as defined by Federal Income Tax Form) ________________________________
3. Current Education Level ____________________________________________________________
4. Tuition for 2015–16 $ ________________________________
5. Gross Family Income (including your own) as reported on the Latest Federal Income Tax Form: $ ________________________________
6. Name of Institution or Agency Requiring Your Scores (must be an authorized score recipient) __________________________________________________________
7. Name of Institution You Currently Attend __________________________________________________________

Submission window I am applying for: ______________________________________________________________

Financial Aid Information
This section must be completed and signed by the Financial Aid Director of the institution. The embossed school seal must be affixed over the signature or the signature must be notarized in the appropriate place below.

1. Is the examinee receiving financial aid? ☐ Yes ☐ No
2. If yes, how much? $ ________________________________
3. How will the scores be used?
   ☐ Program completion
   ☐ Initial certification
   ☐ Other (briefly explain) ________________________________

Embossed school seal must be affixed over signature below or the signature must be notarized.

__________________________________________
Print Name

__________________________________________
Signature

__________________________________________
Institution

__________________________________________
Notary Public