APPLICATION FEE WAIVER REQUEST

A limited number of application fee waivers are available for applicants to Biostatistics graduate programs who are U.S. Citizens or Permanent Residents of the U.S. and meet additional eligibility criteria. Prospective students that do not meet eligibility criteria in these categories may request an application fee waiver with justification.

Please note: fee waivers must be issued before submitting your application. We cannot issue reimbursements for the application fee.

Applicants are eligible for an application fee waiver for:

- **Documented financial hardship**: Financial eligibility criteria found on the website [https://aspe.hhs.gov/poverty-guidelines](https://aspe.hhs.gov/poverty-guidelines). Documentation may include a financial award letter from the college you currently attend or a copy of FAFSA or Student Aid Report (SAR). Please redact all social security numbers from the documentation before submitting.

- **Documented participation in one of the following**:
  - Attendance at Annual Biomedical Research Conferences for Minority Students (ABRCMS)
  - Attendance at Society for Advancement of Chicanos/Hispanics and Native Americans in Science (SACNAS)
  - Diversity Summer Internship Program (DSIP) at the Bloomberg School of Public Health
  - MathAlliance career event or program (e.g. F-GAP)
  - Summer Institute for Biostatistics (SIBS) Program
  - Eastern North American Region (ENAR) International Biometric Society Diversity Workshop
  - U.S. Military

Documentation may be a copy of your registration or your notification of acceptance.
2022-2023 APPLICATION FEE WAIVER REQUEST FORM

To be considered for an application fee waiver from the Department of Biostatistics graduate programs, applicants must meet the eligibility requirements and provide this document (signed by the applicant) and supporting materials described above before submitting the application. All documentation must be received no later than November 22, 2021.

If you are approved for a fee waiver, you will be notified via the email by Mary Joy Argo.

Applicant Name: ___________________________  ___________________________  ___________________________
Last                      First                      Middle

Present Address: ___________________________
Street/P.O. Box

City ___________________________  State/Province  Zip/Postal Code  Country

Telephone Number: _______________ Date of Birth: _______________
(Present)  (mm/dd/yyyy)

Program(s) applying to: ______________________________________________________________

Student Certification: I certify that I have met the above criteria and that the information provided on this form is true and correct to the best of my knowledge.

Signature of Applicant  ___________________________  Printed Name  ___________________________  Date  ___________________________

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