

OPTOMETRY ADMISSION TESTING PROGRAM 2017 PARTIAL FEE WAIVER FINANCIAL INFORMATION FORM

Complete this form and acquire one of the documents outlined below. Email the form and document to oatexam@ada.org: Attention OAT Partial Fee Waiver. You must include at least **one** of the following documents to be considered for a partial fee waiver.

- Financial aid award letter that shows a detailed breakdown of the grants, scholarships, and/or loans you are receiving – **the name of your school and your name must be visible on this document**. Screen captures of your financial aid breakdown as shown on your school's financial aid portal are also acceptable as long as the name of your school and your name are visible.
- Tax return (form 1040). If you are considered a dependent please submit your parent's or legal guardian's tax return form clearly indicating you as a dependent. Tax documents are only required if you are not receiving any need-based financial aid.

Important Notes:

- Please note that a limited number of partial fee waivers are available per calendar year.
- Processing time is approximately 5-10 business days but may vary depending on volume of applicants. The influx of applicants in January may cause processing time to double in length during this month.
- Financial aid letters or tax documents must be dated within the past 18 months.
- Receiving loans is not an indication of financial need, please see the second bullet for submitting tax documents if you receive loans and no other need-based financial aid.
- **DO NOT SUBMIT AN APPLICATION FOR THE OAT BEFORE YOU ARE APPROVED OR DENIED A FEE WAIVER**

Click within the empty fields to enter information.

PIN:

Anticipated Resources for the Current Academic Year Enter zero if none; do not leave blank.	
Financial Aid Award (grants, scholarships, or loans)	\$
Examinee's and/or Spouse's Gross Earnings (before taxes)	\$
Other Resources	\$

In 750 characters or less please provide a personal statement detailing the need for an OAT Partial Fee Waiver.

Personal Statement:

Signature: _____ **Date:** _____