| **Annual** | **Monthly** | **Twice per month** | **Every two weeks** | **Weekly** | **Annual** | **Monthly** | **Twice per month** | **Every two weeks** | **Weekly** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **48 Contiguous States, District of Columbia, Guam, and Territories** |
| 1 | 12,140 | 22,459 | 1,872 | 936 | 864 | 432 | 15,782 | 1,316 | 658 | 607 | 304 |
| 2 | 16,460 | 30,451 | 2,538 | 1,269 | 1,172 | 586 | 21,398 | 1,784 | 892 | 823 | 412 |
| 3 | 20,780 | 38,443 | 3,204 | 1,602 | 1,479 | 740 | 27,014 | 2,252 | 1,126 | 1,039 | 520 |
| 4 | 25,100 | 46,435 | 3,870 | 1,935 | 1,786 | 893 | 32,630 | 2,720 | 1,360 | 1,255 | 628 |
| 5 | 29,420 | 54,427 | 4,536 | 2,268 | 2,094 | 1,047 | 38,246 | 3,188 | 1,594 | 1,471 | 736 |
| 6 | 33,740 | 62,419 | 5,202 | 2,601 | 2,401 | 1,201 | 43,862 | 3,656 | 1,828 | 1,687 | 844 |
| 7 | 38,060 | 70,411 | 5,868 | 2,934 | 2,709 | 1,355 | 49,478 | 4,124 | 2,062 | 1,903 | 952 |
| 8 | 42,380 | 78,403 | 6,534 | 3,267 | 3,016 | 1,508 | 55,094 | 4,592 | 2,296 | 2,119 | 1,060 |
| For each add'l family member, add | 4,320 | 7,992 | 666 | 333 | 308 | 154 | 5,616 | 468 | 234 | 216 | 108 |

Other Qualifications for a SAT/ACT fee waiver:

Foster Child, Orphan, Homeless, receiving public assistance, enrolled in a local state or federal program for low income families, or Temporary Hardship.

I hereby certify that my child\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, meets one of the above qualifications to receive a SAT/ACT Fee Waiver.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent