# **2020 NEWL REDUCED FEE REQUEST FORM**

## Please complete the following application to apply on behalf of your eligible students for a reduced exam fee of **$53**. First, please fill out the information under “School Information” found below. Once you have completed that information, please submit a Reduced Fee Application Form (pages 2-5) for each student who is applying for reduced fee status.

## **SCHOOL INFORMATION:**

|  |  |
| --- | --- |
| School Name: |  |
| Exam Registrant:*(registered the student(s))* |  |
| Email Address: |  |
| Number of examinees requesting reduced fee: |  |
| Exam Type (Practice, Main, Late Testing, etc) |  |
| Language  |  |

# **2020 NEWL REDUCED FEE APPLICATION**

## **REDUCED FEE**

NEWL provides a reduced fee of $53 per student per exam for students in need of financial assistance. Registrants must indicate fee reduction status for registered students by **April 17, 2020**.

## **ELIGIBILITY CRITERIA**

Students who request assistance must meet at least one of the following eligibility criteria in order to qualify for a reduced fee on the NEWL exam:

* the student is eligilble or enrolled in the Federal Free or Reduced-Price Lunch Program,
* the student is in foster care or a Head Start program,
* the student’s family is homeless or migrant,
* the student lives in a household that receives public assistance, such as:
	+ SNAP/Food Stamps,
	+ TANF cash assistance,
	+ Food distributions,
	+ or Indian Reservation benefits,
* the student lives in Federally-subsidized public housing,
* the student’s family is enrolled in a federal, state, or local low income aid program,
* or their family’s income is at or below 185% of the poverty level issued annually by the U.S. Department of Health and Human Services (please see the Annual Family Income Table below for more information).

## **ANNUAL FAMILY INCOME TABLE**

The following table lists annual family incomes by family size, at 185% of the poverty level. If the student’s family’s income did not exceed the amount listed in the relevant row and column, the student qualifies for a NEWL exam fee reduction.

| **Size of Family Unit** | **Annual Family Income\* for 48 Contiguous States, District of Columbia, Guam, and U.S. Territories** | **Annual Family Income\* for Alaska** | **Annual Family Income\* for Hawaii** |
| --- | --- | --- | --- |
| 1 | $23, 107 | $28,860 | $26,603 |
| 2 | $31,284 | $39,091 | $36,001 |
| 3 | $39,461 | $49,321 | $45,399 |
| 4 | $47,638 | $59,552 | $54,797 |
| 5 | $55,815 | $69,782 | $64,195 |
| 6 | $63,992 | $80,013 | $73,593 |
| 7 | $72,169 | $90,243 | $82,991 |
| 8 | $80,346 | $100,474 | $92,389 |
| Each additional family member add: | $8,177 | $10,231 | $9,398 |
| \* The figures shown under family income represent amounts equal to 185% of the 2019-20 federal income poverty guidelines established by the U.S. Department of Health and Human Services. |

## **DEADLINES AND SUBMISSION**

To be properly administered, fee reduction forms must be submitted by April 17, 2020 in order to ensure accurate processing of the final invoice. Once ready, please submit one Reduced Fee Request Form for your institution and a Reduced Fee Application for each eligible student to NEWL@americancouncils.org. Once you submit the form and the request is approved, you will be able to pay or invoice your students at the reduced fee rate.

## **APPLICATION**

Please complete the following information for each student eligible for the reduced fee of $53. Refer to the NEWL eligibility criteria listed above if you are unsure which students are eligible.

|  |  |
| --- | --- |
| First Name: |  |
| Last Name: |  |
| Email Address: |  |

Examinee information:

Instructions: Please check the box corresponding to the criteria met by the above applicant.

* Student is eligilble or enrolled in the Federal Free or Reduced-Price Lunch Program □
* Student is in foster care or a Head Start program □
* Student’s family is homeless or migrant □
* Student lives in a household that receives public assistance □
* Student lives in Federally-subsidized public housing □
* Student’s family is enrolled in a low income aid program □
* Student’s family income is at or below 185% of the poverty level □

## **REDUCED FEE VERIFICATION FORM**

The individual named on this application is an applicant of the 2020 National Examinations in World Languages® and is eligible for a reduced fee of $53 as per the 2020 NEWL Reduced Fee Eligiblity Criteria.

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Signature of Registrant Date