



STEPHEN F. AUSTIN STATE UNIVERSITY

THE UNIVERSITY OF TEXAS SYSTEM
NACOGDOCHES, TEXAS

Application Fee Waiver Information

All undergraduate applicants for admission to Stephen F. Austin State University are required to submit a non-refundable application fee of **\$50**. The application payment can be made by check, credit card or debit card through the applicants mySFA account. Once the application is processed, the applicant will receive an email containing instructions for setting up their mySFA account.

Freshmen Fee Waiver

Fee waivers for first-time freshmen are considered if the applicant submits one of the following items:

- A copy of an approved ACT or SAT Fee Waiver Form
- An *SFA Application Fee Waiver Form* (on the reverse side of this page) completed by your high school counselor or principal. One of the following conditions must apply to the applicant:
 - Family receives public assistance
 - Participation in a free lunch or reduced-price lunch program
 - Ward of the state
 - Resides in a foster home
- A copy of the applicant's most recent Student Aid Report (SAR) - EFC must equal 0 (zero) to qualify
- A copy of the applicant's most recent FAFSA Submission Summary Form - SAI must be between -1500 and 0 (zero) to qualify

Transfer Fee Waiver

Fee waivers for transfer students are considered if the applicant submits proof of full Pell Grant eligibility by submitting one of the following to the Office of Admissions:

- A copy of the applicant's most recent Student Aid Report (SAR) - EFC must equal 0 (zero) to qualify
- A copy of the applicant's most recent FAFSA Submission Summary Form - SAI must be between -1500 and 0 (zero) to qualify
- A copy of the most recent financial aid award letter

Application Fee Waiver Form

I certify that the student named below qualifies for an application fee waiver based upon one of the following checked items:

- _____ Family or student receives public assistance
- _____ Student is a ward of the state
- _____ Student resides in a foster home
- _____ Student participates in a free lunch or reduced-price lunch program

Student's Name (please print)

Student's Date of Birth

Signature of High School Counselor/Principal

High School

Printed Name of Counselor/Principal

Date