



College Application Fee Assistance Request Form

Personal Information

- **Full Name:** _____
- **Student ID:** _____
- **Email Address:** _____
- **Phone Number:** _____

Graduation Status

- **Have you submitted a request to graduate?**
 Yes No
(Note: Only students who have submitted a request to graduate are eligible for assistance)
- **Anticipated Graduation Date:** _____

College Application Details

- **College/University Name You Are Applying To:** _____
- **Application Fee Amount:** \$ _____

Acknowledgments

- **I confirm that I have submitted a request to graduate.**
 Yes
- **I understand that I am only eligible for assistance for a single application to one school.**
 Yes
- **I confirm that all information provided is accurate and truthful to the best of my knowledge.**
 Yes
(False information may result in disqualification from the program.)

Signatures

- **Student's Signature:** _____
- **Date:** _____

This facility is an equal opportunity employer and provider.



Office Use Only

- **Application Status:**
 Approved Denied
- **Amount Awarded:** \$ _____
- **Date of Notification:** _____
- **Reviewed By:** _____

Instructions for Submission

1. Complete all sections of the form and submit it to the **Office of Student Services** or the designated department.
2. If submitting online, upload this form and supporting documents to Enrollment@cmn.edu.
3. You will be notified of the decision within 10 business days.

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