

## Running Start Fee Waiver Petition Whatcom Community College

Return completed form and documentation to the Running Start Office.  
Laidlaw Center 134 • 237 Kellogg Road, Bellingham, WA 98226 • 360-383-3123

Student Name: \_\_\_\_\_ School District: \_\_\_\_\_

WCC Student ID #: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Cell or home phone: \_\_\_\_\_

**I am a Running Start student requesting a waiver of WCC fees (i.e. placement testing, comprehensive & technology fees) and other waivable charges for the following reason:**

**Check ONLY one**

1. \_\_\_ I have applied for and have received notification that I am currently eligible for Free or Reduced-Meals Program. (No documentation required if enrolled in a Whatcom County School District. I give permission to verify my eligibility with my local school district.)
2. \_\_\_ I am currently eligible for public assistance from a state or federal program. I have attached a copy of a Medical, TANF, or Basic Food benefits statement listing my name. (Documentation must include the student's name and an effective date within the past year.) I will re-apply annually, attaching current documentation, and I will notify the Running Start office if there are any changes to my eligibility.
3. \_\_\_ I am a Foster Youth and am providing a signed statement from my caseworker, on letterhead, as documentation.

**I certify that all information on this form is true. I am attaching appropriate documentation if required (see above). I understand that I will be notified only if my petition is denied or incomplete. If my petition is approved, I will not be notified but the amount due on my student schedule (on OASIS) will be adjusted to reflect the waiver. The waiver is in effect during the time that I am enrolled in Running Start (if I meet criteria #1 or #3). I understand this does not waive expenses for textbooks and supplies, course fees for materials, late registration fees, surcharges; or tuition/fees for below-100 level classes.**

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### FOR OFFICE USE ONLY

\_\_\_ Free or Reduced-Meals Program

\_\_\_ Medical Identification Card

\_\_\_ TANF benefit statement

\_\_\_ Basic Food statement

\_\_\_ Foster Youth

\_\_\_ Other (please describe): \_\_\_\_\_

\_\_\_ Approved

\_\_\_ Not Approved

Waiver Authority Signature: \_\_\_\_\_ Date: \_\_\_\_\_