



# Waiver of Course Fee Application

**Old Orchard Beach or Saco Residents Only**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

**Please read all information, fill form out completely and return it with any fees owed.**

If you fulfill all the requirements below, you are eligible for a waiver of up to Seventy-Five Dollars (\$75.00) per semester for Vocational/Career Advancement course fees run through OOB/Saco Adult Education. **Please confirm that all the following apply to your situation.**

- I live in Old Orchard Beach or Saco and am over 18 years of age
- My household income is below the guidelines listed below.
- I have completed all courses waived in the past (if applicable).
- Verification of my income is provided as an attachment to this completed form.

---From Maine Department of Health & Human Services (as of 2024)---

Your Household Size	Monthly Income Young Adults (19-20)	Monthly Income Adults (21-64)	Monthly Income Pregnant Individuals (18+)
1	\$3,828	\$1,733	N/A
2	\$5,196	\$2,352	\$3,646
3	\$6,563	\$2,970	\$4,605
4	\$7,930	\$3,588	\$5,564
Each additional family member	Add \$1,345	Add \$597	Add \$938

Agency that can verify income or financial hardship: \_\_\_\_\_

Case Worker Name / Phone: \_\_\_\_\_ / \_\_\_\_\_ x \_\_\_\_\_

Waiver requested for course name:

\_\_\_\_\_ Course Fee: \$ \_\_\_\_\_  
 \_\_\_\_\_ Course Fee: \$ \_\_\_\_\_  
 \_\_\_\_\_ Course Fee: \$ \_\_\_\_\_

Total Course Fee(s) \$ \_\_\_\_\_  
 Total Waived - \$ 75.00  
 Total Due \$ \_\_\_\_\_

**If the course fees add up to more than Seventy-Five Dollars (\$75.00), the student is responsible for paying the remaining balance before the beginning of the class.**

I hereby certify that all information provided is true and correct: \_\_\_\_\_  
Signature / Date

**-----OFFICE USE ONLY-----**

Approved:  Denied:  Director's Signature: \_\_\_\_\_ Date: \_\_\_\_\_