

GEORGETOWN UNIVERSITY LAW CENTER / 2009

**Juris Doctor Program**  
 Committee on Admissions  
 600 New Jersey Avenue, NW, Room 589  
 Washington, DC 20001-2075  
 (202) 662-9010  
 admis@law.georgetown.edu

**OFFICE OF ADMISSIONS FEE WAIVER APPLICATION**

To request a waiver, please submit this form, along with your hard copy J.D. application, no later than February 2, 2009. **Application fees will not be waived after this deadline.** Although it is not necessary, you are welcome to submit additional information. A copy of your current LSAC fee approval letter may be submitted in lieu of this form. Decisions are usually sent via e-mail within two weeks of receipt. Incomplete forms will be returned without review and will delay the application process. Transfer and visitor applicants are not eligible for fee waiver, nor are applicants who received a fee waiver in a previous admissions cycle.

Last Name	First Name	Middle Name	Maiden/Former Name
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Address	City	State	Zip
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Telephone (Day)	Telephone (Evening)
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Telephone (Cell)	E-Mail
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Date of Birth

**Marital Status**     Single     Married     Divorced     Separated     Widowed

**How many children do you have and support?**                      **Their ages?**

**Currently enrolled in college?**     Yes     No                      **Yearly Tuition** \_\_\_\_\_

If yes, how much financial aid do you receive from your college, banks or foundations/institutions?

\$ _____	\$ _____	\$ _____
Scholarship	Grants	Loans

If no, what is (or will be) your student loan payment?

\$ \_\_\_\_\_

Gross Earnings from all sources for you and your spouse during the last 12 months:

\$ \_\_\_\_\_

Occupation	Employer	\$ _____ Annual Salary
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Spouse's Name

Occupation	Employer	\$ _____ Annual Salary
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Total cash on hand or in the bank for you and your spouse:

\$ \_\_\_\_\_

Total present net value of all stocks, bonds, automobiles and other property and financial interest of any kind held in your name or held for you or your spouse by other persons:

\$ \_\_\_\_\_

\_\_\_\_\_  
 Last Name LSAC Number

**Information about your parents** (Completed by candidate)

*For fee waiver purposes, no applicant is considered financially independent. This information is necessary in order to process your fee request. Do not leave blank.*

\_\_\_\_\_  
 Mother's (or Guardian's) Name

\_\_\_\_\_  
 Occupation Employer

\_\_\_\_\_  
 \$

\_\_\_\_\_  
 Annual Salary Country

\_\_\_\_\_  
 Father's (or Guardian's) Name

\_\_\_\_\_  
 Occupation Employer

\_\_\_\_\_  
 \$

\_\_\_\_\_  
 Annual Salary Country

\_\_\_\_\_  
 How many children, excluding yourself, do your parents support? What are their ages?

If your fee waiver request is not approved, would you like us to continue processing your application?  Yes  No

**Additional Information (Optional)**

*Although it is not necessary, you may attach additional information/documents.*

I hereby certify that the information provided herein is accurate and complete to the best of my knowledge. I agree to give proof of the information that I provided on this application if requested to do so. I realize this proof may include a copy of my tax return or financial aid award. Falsification of information on this form is subject to LSAC misconduct proceedings and will result in immediate withdrawal of application.

\_\_\_\_\_  
 Signature of Applicant Date