



**Scholastic
Art & Writing
Awards**

Fee Waiver Form

Mail this form with your Submission Form. Keep a copy for your records.

School Information

SCHOOL NAME

ADDRESS

CITY

STATE

ZIPCODE

EDUCATOR

EMAIL

TELEPHONE

Student Information

_____ is currently enrolled in grade _____ and is eligible for a fee waiver for the Scholastic Art & Writing Awards.

Please check one of the following:

- Student is eligible for Federally subsidized free or reduced lunch.
- I certify, in good faith, that the fee to submit work to the Scholastic Awards is a barrier to the student's participation.

SIGNATURE OF EDUCATOR OR SCHOOL OFFICIAL

NAME (PLEASE PRINT)

TITLE