Dear Prospective Member,

Congratulations on your selection to the National Society of High School Scholars. It’s a great honor to be recognized for your academic excellence and hard work.

At NSHSS we believe that financial resources should not prevent any qualified student from becoming a member. We offer full and partial membership fee waivers to candidates who demonstrate significant financial hardship. Please carefully consider your need for a fee waiver so we can continue to make this option available to prospective members who truly need it.

To get started:
1. Print these forms
2. Review them carefully
3. Follow the instructions from the checklist
4. Submit the correct documentation

If you have any questions about the instructions, please e-mail feewaiver@nshss.org. Please include FEE WAIVER in the subject line of your email. Our Member Services team will respond to your email as quickly as possible. You can also visit www.nshss.org for more information.

Again, Congratulations! We look forward to welcoming you as an NSHSS member.

Sincerely,

Carla G. Daniel
Senior Manager, Member Services
Full Fee Waiver Checklist

You do not need to return this checklist to the Society. This is for your use only to ensure the required information is submitted properly, for consideration.

☐ Postmark by original deadline on confirmation card

☐ Completed confirmation card

☐ Verification of achievement: Members must be a student in high school and must meet ANY ONE of the criteria. Please verify your eligibility completing the Educator Verification Form as proof of academic achievement or unofficial transcripts, last report card showing GPA or copies of scores from any of the tests listed below. If you do not have a confirmation card, please check the box verification on the Fee Waiver Request Form.

- 3.5 Cumulative GPA (4.0 Scale) or higher (or equivalent such as 88 on a 100-point scale)
- 1280 SAT score or higher (new exam 2016) *
- 1150 PSAT score or higher (new exam 2016) *
- 26 ACT score or higher
- Score 4 or higher on any AP exam
- Total combined IB test scores of 36 or higher
- IGCSE Grade A or higher
- Top 10% rank in class
*Scores from the old exam (SAT score 1750 or higher; PSAT score 200 or higher) will be accepted.

☐ Completed Full Fee Waiver Request Form

☐ Detailed letter from parent or guardian expressing request and need

☐ Educator Verification of Necessity Form OR income documents

- Educator Verification of Necessity Form must be completed and signed by an educator at your high school. An Educator includes a high school principal, summer school teacher, counselor or district office personnel.

OR

- Income documentation can be any one of the following items: FEMA documentation, state or federal income tax forms/W2 form, free/reduced lunch form, proof of governmental assistance, disability, or unemployment benefits. Please black out your SSN information on all forms.

☐ Mail all documents to NSHSS International Headquarters

Mark the outside of your envelope with “FULL FEE WAIVER REQUEST” and mail it to:

NSHSS
International Headquarters
1936 North Druid Hills Road
Atlanta, GA 30319
# Full Fee Waiver Request Form

To be completed by Prospective Member

## Student Information:

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☐ I would like to apply for a full fee waiver and have included all the necessary documentation for consideration.

Submit the following documents postmarked by or on your original deadline on membership confirmation card. **(Please check each box accordingly – This Checklist ensures you are submitting all required information)**

☐ Detailed letter from parent or guardian expressing request and need.

☐ NSHSS Full Fee Waiver Request Form (this form)

☐ Confirmation card filled out completely and accurately

☐ Verification of achievement: Members must be a student in high school and must meet ANY ONE of the criteria. Please verify your eligibility by placing one of the criteria in the GPA field of the confirmation card. If you do not have a confirmation card, please check the box below on which of the following criteria you have achieved.

   ☐ 3.5 Cumulative GPA (4.0 Scale) or higher (or equivalent such as 88 on a 100-point scale)
   ☐ 1280 SAT score or higher (new exam 2016) *
   ☐ 1150 PSAT score or higher (new exam 2016) *
   ☐ 26 ACT score or higher
   ☐ Score 4 or higher on any AP exam
   ☐ Total combined IB test scores of 36 or higher
   ☐ IGCSE Grade A or higher
   ☐ Top 10% rank in class

*Scores from the old exam (SAT score 1750 or higher; PSAT score 200 or higher) will be accepted.

☐ Educator Verification of Necessity Form must be completed and signed by an Educator at your high school OR Income documents which can include any one of the following: FEMA documentation, state or federal income tax forms/W2 form, free/reduced lunch form, proof of government assistance, disability, unemployment benefits, or copy of parents’ last paycheck stub. **Please black out any SSN information on all forms.**

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<th>Student Signature:</th>
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**IMPORTANT NOTE:** To receive a full fee waiver, all documents must be submitted together in a single envelope and received at NSHSS headquarters. We cannot track items submitted separately, so the package will be considered incomplete. Please review your submission carefully before mailing.
Student Information (to be completed by the student)

First Name: ____________________________ Last Name: ____________________________

Confirmation Code: ____________________________

Members must be a student in high school and must meet ANY ONE of the criteria:

- 3.5 Cumulative GPA (4.0 Scale) or higher (or equivalent such as 88 on a 100-point scale)
- 1280 SAT score or higher (new exam 2016) *
- 1150 PSAT score or higher (new exam 2016) *
- 26 ACT score or higher
- Score 4 or higher on any AP exam
- Total combined IB test scores of 36 or higher
- IGCSE Grade A or higher
- Top 10% rank in class

Please verify your eligibility by placing one of the criteria above in the GPA field of the confirmation card.

Student Signature: ____________________________ Date: ________________

Educator Information (all fields must be completed and signed by an educator at your high school)

First Name: ____________________________ Last Name: ____________________________

School Name: ____________________________ Title: ____________________________

Address: __________________________________

Address 2: __________________________________

City: ____________________________ State: ____________ Zip: ________________

Email: ____________________________ Phone: (_______) ____________________________

I certify that that the student meets the criteria for membership in NSHSS and is in need of a full fee waiver. The above information is true and correct according to my knowledge.

Educator Signature: ____________________________ Date: ________________

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