



State of Arizona
Department of Education

M E M O R A N D U M

DATE: September 8, 2015

TO: High School Principal
Superintendent, Unified and High School Districts
Charter High School Principal
IB Coordinator
Counselor

FROM: Peter C. Laing
Senior Director
Advanced Placement Programs

RE: **Notice of 2014-2015 International Baccalaureate (IB) Exam Fee Waivers for Eligible Low-Income Students**

The Arizona Department of Education recently received federal grant funds to provide **partial** IB exam fee waivers for IB students eligible for the Federal Free and Reduced Price Meal Program who took exams during the **2014-2015** exam cycle. Due to delays by USED in releasing these funds (generally early Spring), this notice is being sent at this time. Additionally, due to a decrease in the amount of federal funds available through this program, ***there will need to be a local contribution (which could be covered by the district, school, community, parent or student) of \$12 provided towards the final cost for each exam taken by an eligible student.***

To ensure the privacy of participating students, ***the names of individual students shall not be required or requested.***

Please note the following: For FY 2015 (as in FY 2014), **AP Test Fee program funds may not be used to pay advanced placement test candidate registration fees on behalf of low-income students.** *Therefore, the candidate registration fees charged by the International Baccalaureate Organization are not allowable costs under this program for FY 2015.* This is a continuing federal requirement by the US Department of Education for the AP Test Fee Waiver Program for 2014-2015.

IB EXAM COST BREAKDOWN:

The total cost for an IB exam is currently **\$110**. The State of Arizona, through this federal program, will pay a maximum of \$98 per IB exam for eligible low-income students.

Required remaining local contribution per eligible exam: \$12

IB EXAM FEE WAIVER PROCESS

- Fill out the **Assurance Form** on the next page and return it to the address listed at the bottom of the form. You may also choose to scan and email to apwaivers@azed.gov your signed and completed form, or send it by fax to 602-364-0902.

Please return the enclosed Assurance Form by October 16, 2015

- The International Baccalaureate Coordinator for each participating high school will facilitate the verification of low-income eligibility for each participating student at the school level to ensure student reimbursement eligibility. To ensure the privacy of participating students, ***the names of individual students shall not be required or requested.***
- The ADE will collect reimbursement invoices, along with a signed general statement of assurance, from each participating IB high school. The total number of candidates qualifying as low-income and the number of exams taken by each candidate must be itemized and included on the invoice

IB Exam Fee Breakdown for Eligible Low-Income Students: 2014-2015 School Year	
Total Cost Per Exam	\$110
Cost Component	Amount Per Exam
Federal Subsidy (AP Test Fee Waiver Program)	\$98
Local Contribution (e.g. District, School, Community, Parents or Student)	\$12

Please contact us with questions regarding the AP Test Fee Waiver Program at:

Sandra.Skelton@azed.gov or 602-542-4234

ADVANCED PLACEMENT (AP) TEST FEE WAIVER PROGRAM ASSURANCE FORM

I certify that all students participating in the Arizona Department of Education AP Exam Fee Waiver Program for the **2014-2015** academic year have met the following guideline for low-income eligibility: 1) Data on children eligible for free or reduced-priced lunches under the National School Lunch Act.

Superintendent (please print)

AP Representative (please print)

Signature

Signature

Date

District / Charter Holder

Participating High School(s):

Street Address

City, State, Zip

Phone Number

E-mail Address

Date

Please return by October 16th to:

Advanced Placement Test Fee Waiver Program

Arizona Department of Education

1535 W. Jefferson Street, Bin 64

Phoenix, AZ 85007

You may also **scan and email** your signed form to
apwaivers@azed.gov

or, **fax** your signed form to 602-364-0902.

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