



## APPLICATION FEES - REDUCED APPLICATION FEES - FEE WAIVER REQUESTS

**APPLICATION FEES:** Application fees are non-refundable, and receipt is required before an application can be processed. The fee schedule is indicated below. You must pay the fee by credit card at the time of application.

\$ 50.00 Johns Hopkins University students (currently enrolled in a degree program) and current JHU employees *only*  
\$110.00 1 program  
\$125.00 2-3 programs  
\$150.00 4 or more programs

**SCHOLARS:** Applicants who are Scholars in the following programs may qualify to receive a reduced application fee:

Meyerhoff Scholarship Program	Minority Access Research Careers (MARC)
Minority Biomedical Research Support Program (RISE)	NIGMS Post Baccalaureate Research Education Program
Project 1000	Ronald McNair Post Baccalaureate Achievement Program
GEM Fellowship Program	Leadership Alliance Summer Research Early Identification Program

Participants of the Leadership Alliance Summer Research Early Identification Program and the GEM Fellowship Program may qualify to receive a **full application fee waiver** upon receipt of your letter of confirmation. If you are a participant in one of these programs, please email a letter of confirmation from the program confirming your participation *\*prior to submitting the application to: [gradsoff@jhmi.edu](mailto:gradsoff@jhmi.edu)* Along with your letter of confirmation, please **include the programs you intend to apply to**, as this will determine the fee.

**\*Letters of confirmation must be received no later than 10 business days prior to the application deadline.**

Scholars must be U.S. Citizens or Permanent Residents of the U.S. to be eligible for the reduced application fee/fee waiver. Upon receipt and review of the letter of confirmation, you will be notified via email if you have been approved for the reduced fee or fee waiver. The reduced application fees are: **\$25** for application to one program, **\$50** for application to two or more programs.

### **FEE WAIVER REQUESTS**

A limited number of application fee waivers can be approved for applicants who do not qualify for the reduced application fee/fee waiver as a Scholar. Before submission, applicants may request a fee waiver two ways:

1) Directly from the graduate program they are applying to via email:

<http://www.hopkinsmedicine.org/som/students/graduate-programs/welcome/contact.html>

2) From the Office of Graduate Student Affairs. To apply for the application fee waiver from the Office of Graduate Student Affairs, applicants must meet eligibility requirements and provide the supporting information listed below. **All supporting fee waiver documentation must be uploaded to the application in the Personal Data Sheet section and received no later than 10 business days before the application deadline.** Eligibility requirements are:

- Must be a U.S. Citizen or Permanent Resident of the U.S.
- Meet the financial eligibility criteria found on the website: <https://aspe.hhs.gov/poverty-guidelines>

If you meet the eligibility requirements, you may apply for the Application Fee Waiver. Supporting documents required are listed below:

**1. Financial documentation:** Proof of financial need can be *one of the following*:

- Copy of your 2017 Federal Income Tax return: a **1040EZ form if you claim yourself, or a 1040 from your parents, if they claim you for the 2017 tax year**
- A financial award letter from the college you currently attend
- A copy of FAFSA or Student Aid Report (SAR)

**2. The 2018-2019 Fee Waiver Request Form**

Current or former members of the U.S. Armed Forces are also eligible to apply for the reduced application fee. Please submit a copy of DD 214, or if active duty, send an email with your legal name, date of birth, and branch of service.

**Please redact all social security numbers before submitting documents.** All documents will be reviewed and verified. Upload the Application Fee Waiver Request Form and supporting financial documentation to the application. We are unable to process refunds, so please wait to submit your application until you receive notification regarding your request. Paper applications are available upon request. Please be advised not all programs accept paper applications, and the fees are higher than the online application. You may contact the Office of Graduate Student Affairs for the paper application and fee schedule: [gradsoff@jhmi.edu](mailto:gradsoff@jhmi.edu)



## 2018-2019 APPLICATION FEE WAIVER REQUEST FORM

To be considered for an application fee waiver from the Johns Hopkins University School of Medicine graduate programs Office of Graduate Student Affairs, applicants must meet the eligibility requirements and provide the supporting materials listed below before submitting the application. **All documentation must be uploaded/received no later than 10 business days before the application deadline.**

- Must be a U.S. Citizen or Permanent Resident of the U.S.
- Meet the financial eligibility criteria found on the website: <https://aspe.hhs.gov/poverty-guidelines>
- Submit required proof of financial eligibility documents (see instructions)
- Complete the 2018-2019 Fee Waiver Request Form

Upload the Fee Waiver Request Form and supporting documents to the online application in the Personal Data Sheet section. If you are approved for a fee waiver, you will be notified via the email address you provided in the application.

**Please redact all social security numbers before submitting documents.** If you submit the application and pay the fee *before* you receive notification regarding your request for an application fee waiver, no refunds will be processed.

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Applicant Name: \_\_\_\_\_  
Last First Middle

Present Address: \_\_\_\_\_  
Street/P.O. Box

\_\_\_\_\_

City State/Province Zip/Postal Code Country

Telephone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(Present) (mm/dd/yyyy)

Program(s) applying to: \_\_\_\_\_

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**Student Certification:** I certify that I have met the above criteria and that the information provided on this form is true and correct to the best of my knowledge.

\_\_\_\_\_  
Signature of Applicant Printed Name Date

Johns Hopkins University School of Medicine  
Office of Graduate Student Affairs  
1830 E. Monument Street, Suite 620  
Baltimore, MD 21287  
410-614-3385