

\_\_\_\_\_  
Name (Last Name, First Name Middle Name)

\_\_\_\_\_  
Student Identification Number (SID) (if known)

Application Term:      Spring                  Summer                  Fall      20\_\_\_\_\_

Student eligibility is primarily determined by membership in a family whose annual income falls within the following guidelines:

Number of Dependents\*                  Family Income\*\*

2	\$29,101
3	\$36,612
4	\$44,123
5	\$51,634
6	\$59,145

To determine income levels for families with more than 6 dependents, take the difference in the increase of the annual income allowance from 5 to 6 dependents (\$7511) and apply that increment to each additional dependent.

\*The number of dependents should be the same as your current tax statement.

\*\*Income levels are based on the USDA Income Eligibility Guidelines and are provided by College Board.

**Please outline your financial situation in the space below.** Indicate the number of dependents and your family income, along with your reasons for requesting a confirmation payment extension. Mail this form to the address below.

Number of Dependents \_\_\_\_\_ Family Income \_\_\_\_\_

**If your payment extension is granted, you must pay your confirmation deposit online through your student center no later than 1 week after the start of classes. Please note that the \$200 confirmation deposit will not be added to your fall bill. You are required to pay this confirmation deposit separately. Failure to do so will result in a hold placed on your record preventing future registration.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Mail complete form to:

**Undergraduate Applicants:**

University of Colorado Boulder  
Office of Admissions  
552 UCB  
Boulder, CO 80309-0552

**Graduate School Applicants:**

University of Colorado Boulder  
Graduate Admissions  
553 UCB  
Boulder, CO 80309-0553