



Dana Kurilew, AP Coordinator  
Counseling Services  
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Dear Parent/Guardian:

Hunterdon Central realizes some families who do not qualify for the Federal Free Lunch Program may have difficulty paying the full price for their child's AP exams. To help with this, we've established a testing fund to subsidize part of the exam fee. The income thresholds which qualify families for this assistance are listed in the chart below. If approved, the fee for each exam will be \$60.00.\*

Your child must register for the exams, and return the completed application to his or her counselor no later than October 28, 2020. Until your application is reviewed, you will not be charged any money. If approved, Total Registration will notify you of the amount that is still due to be paid.

<b>Size of Family Unit</b>	<b>Hunterdon Central Assistance Annual Family Income Threshold</b>
2	\$59,101
3	\$66,612
4	\$74,123
5	\$81,634
6	\$89,145
7	\$96,656
8	\$104,167
Each additional family member add:	\$8,511

If you have any questions, please include a written account of the circumstances for additional consideration when you turn in your financial application.

Sincerely,

Dana Kurilew  
Supervisor of Counseling Services

\*AP Seminar is the exception. Please contact Dana Kurilew at [dkurilew@hcrhs.org](mailto:dkurilew@hcrhs.org) for clarification.



HUNTERDON CENTRAL REGIONAL HIGH SCHOOL  
FISCAL YEAR 2020-2021  
AP FINANCIAL ASSISTANCE PROGRAM

PART 1: TOTAL HOUSEHOLD INCOME- You must indicate the gross income for each household member or check the box if no income is earned.

Please list names of all household members.

NAME	GROSS INCOME	NO INCOME
	\$	
	\$	
	\$	
	\$	

PART 2: SIGNATURE AND SOCIAL SECURITY NUMBER: An adult household member must sign the application and give the last four digits of the Social Security Number.

PRINT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_ (submit no later than Nov. 3, 2020)

ADDRESS \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

Last 4 Digits of your Social Security Number: \_\_\_\_ check if no Social Security Number

I certify (promise) that all information on this application is true and that all income is reported. I understand that school officials may verify (check) the information. I understand that the school may seek reimbursement if I purposely give false information.

SIGNATURE \_\_\_\_\_

PART 3: RATIONALE FOR FINANCIAL ASSISTANCE REQUEST-

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