



**CRAFTON HILLS COLLEGE FOUNDATION
University Application Fee Voucher**

Name: _____ Student ID # _____

Address: _____ Telephone: _____

(Application fees not to exceed \$160.00)

	College/University Name	App Fee
1		
2		
3		
4		
	TOTAL	

Print Name

Signature

Date

CHC Staff Only: (For students who do not qualify for a fee waiver otherwise)

I have verified the student meets the following criteria:

____ Min 2.5 Transfer GPA ____ Last two semesters at CHC (including current) ____ Attended
CSU/UC application workshop (if applicable) on _____ (Date)

*****Important: Please attach confirmation print out showing student submitted application(s)**

Referred by (Printed Name) _____ Signature: _____

Title: _____ Extension: _____

(CHC Faculty/Counselor/Staff)

Signature - Foundation Representative