



# KALAMAZOO INSTITUTE OF ARTS

## Fee Waiver Form

Mail this form with your Submission Form. Keep a copy for your records.

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SCHOOL NAME

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ADDRESS

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CITY

ZIP

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EDUCATOR

EDUCATOR E-MAIL

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TELEPHONE

My student, \_\_\_\_\_ is enrolled in grade \_\_\_\_\_ and I certify, in good faith, that the fee to submit work to the *High School Area Show & 6<sup>th</sup> District Congressional Competition* at the Kalamazoo Institute of Arts is a barrier to student's participation.

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SIGNATURE OF EDUCATOR

DATE