

Stanford Law School

2024 TRANSFER APPLICATION FEE WAIVER FORM

1. Name: _____ 2. LSAC Acct. # _____
(Please type or print clearly)
3. Address: _____ City/State/Zip _____
4. Phone: (____) _____ 5. E-mail _____ 6. Age _____
7. Marital Status: Single Married
 Divorced Separated
8. How many children do you have **and** support? _____ Their ages _____
9. Your Occupation _____
Employer _____
Annual Salary \$ _____
10. Spouse's Name _____
Occupation _____
Employer _____
Annual Salary \$ _____
11. Summer 2024 Place of Employment _____
12. Summer 2024 Salary _____
13. Total earnings before taxes from all sources for you (and spouse) during the last 12 months (*do not include financial aid*) \$ _____
14. Total cash now on hand or in bank for you (and spouse) \$ _____
15. Total present net value of all stocks, bonds, other property and financial interests of any kind held in your (and spouse's) name or held for you (and spouse) by another
\$ _____
16. Parent/Guardian's (1) Name _____
Occupation _____
Employer _____

17. Parent/Guardian's (2) Name _____
Occupation _____
Employer _____
18. Parents'/Guardians' Income 2023 \$ _____
Parents'/Guardian's (1) income earned from work \$ _____
Parents'/Guardian's (2) income earned from work \$ _____
Interest income \$ _____
Dividend income \$ _____
Untaxed income and benefits \$ _____
19. Parents'/Guardians' Assets:
Cash, savings and checking accounts \$ _____
Home equity \$ _____
Other real estate \$ _____
Investments \$ _____
20. Excluding yourself, how many children do your parents support in their family? _____
Their ages _____ Number in college _____

Certification

I certify that the above information is accurate and complete to the best of my knowledge.

Applicant's Signature _____ Date _____

Parents'/Guardians' Signature _____ Date _____

Parents'/Guardians' Signature _____ Date _____

Note: Please submit a copy of your most recent financial aid award letter. If you received an LSAC fee waiver, include documentation of that decision.

For Law School Use Only

☐ Approved Date _____ Notified by _____ Date _____

☐ Denied Date _____ Reason _____ Evaluated By _____