2024-2025
FAFSA WAIVER

I, _____, understand that by signing this FAFSA Waiver, I will not be receiving any form of Federal or State Financial Aid to be applied to my student account including Federal Loans, Federal and State Grants, and Federal Work Study. If anytime during the 2024-2025 academic year I complete a FAFSA my eligibility for Federal Financial Aid will be reevaluated.

(Print Name)

_____

Student Signature ID Number Date