

2021-2022 FAFSA WAIVER INSTRUCTIONS AND REQUEST FORM

Student Name:	Date
Dear Student / Parents:	
In order to award all Federal, State, and institutional aid most effi	ciently, the Office of Financial Aid asks that all

students and parents complete the following forms:

• Students that are residents of Texas and would like to be considered for Texas grants or loans must complete the <u>Texas Residency Determination Form</u>.

There are two primary reasons why we ask our students/parents to complete these forms:

The Free Application for Federal Student Aid (FAFSA) (www.fafsa.ed.gov) and

- 1. Often students are eligible for Federal or State programs for which they are unaware. Additionally, students may desire to receive aid later in the year, for which these forms are necessary.
- 2. By completing this process, the information collected may help increase aid allocations at DBU and the availability of funds to assist other students who have a greater need for assistance.

However, we understand that some students and parents may not wish to apply for Federal or State aid by completing the FAFSA because of income status, political beliefs, religious beliefs, or other reasons, and we respect those decisions. In these situations, independent students, or parents of dependent students, may elect to complete this FAFSA Waiver Request.

The Financial Aid office will grant a waiver for a student having to complete the FAFSA if the student (and parents of a dependent student) will provide a statement to the office stating why they do not want to complete the FAFSA. The Office of Financial Aid must have these on record to justify the decision to suspend this requirement.

To request a FAFSA waiver, please complete the information below. You may fax, mail, deliver, or scan and attach to an email (<u>finaid@dbu.edu</u>) to submit. To request a FAFSA waiver, please complete the information on the attached FAFSA Waiver Request Form.

Thank you,

Office of Financial Aid Dallas Baptist University



2021-2022 FAFSA WAIVER REQUEST FORM

Student Name:	Student ID#:
Address/City/State/Zip:	
We wish to request a waiver for the following reason(s):	
By receiving a waiver, I/my student am/is aware that I/my stude loans, nor any other need-based programs.	ent will not be considered for Federal, State, or private
Student's Signature:	_
Parent's Signature (For Dependent Students):	
Date:	

Return this completed form to:

Office of Financial Aid - Dallas Baptist University - 3000 Mountain Creek Pkwy - Dallas, TX 75211 Please scan, attach, and email to finaid@dbu.edu or fax (214)-333-5586.

For Office of Financial Aid Use ONLY			
APPEAL DECISION:			
Date Reviewed	Reviewed by:	WAIVER Appr	rovedWAIVER Denied
Approval Letter –OR-Denial Letter Mailed: YES / NO Date Letter MailedComments made: YES / NO			
NASU (NOISIR, NOISIRGR, NOISIRDR)			