



2017-2018
FAFSA WAIVER
INSTRUCTIONS AND REQUEST FORM

SSN: _____

Student Name: _____ Date _____

Dear Student / Parents:

In order to award all Federal, State, and institutional aid most efficiently, the Office of Financial Aid asks that all students and parents complete the following forms:

- The Free Application for Federal Student Aid (FAFSA) (www.fafsa.ed.gov) and
The DBU Supplemental Application for Financial Aid
(http://www2.dbu.edu/financial-aid/index.php?action=fin-aid-forms)

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

- 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 (finaid@dbu.edu) to submit.

To request a FAFSA waiver, please complete the information on the attached FAFSA Waiver Request Form.

Please note that the DBU Supplemental Application for Financial Aid is still required for a student to receive financial aid even if a FAFSA waiver is granted.

Thank you,

Office of Financial Aid
Dallas Baptist University

FAFSA

17/18



2017-2018
FAFSA WAIVER REQUEST FORM

SSN: _____

Student Name: _____ Student ID#: _____

Address/City/State/Zip: _____

We wish to request a waiver for the following reason(s):

Multiple horizontal lines for writing reasons for waiver request.

By receiving a waiver, I/my student am/is aware that I/my student will not be considered for Federal, State, or private loans, nor any other need-based programs.

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 Approved ___ WAIVER Denied ___

Approval Letter -OR- Denial Letter Mailed: YES / NO Date Letter Mailed _____ Comments made: YES / NO

FAFSA

17/18