Request for Waiver of SELF Maximum Effort Test And Affidavit of "No Need" 2023-2024



Name		Stu	dent ID	
Address				
Phone E	Email			_
Number of credits each term	Expected gr	raduation dat	e	
Fall Spring Summer	Fall	Spring	Summer	
Citizenship	Year			
U.S. Citizen	with Student Visa			
Read the following statements and check ALL that apply to yo	ou:			
 I applied for financial aid (filed a FAFSA) in a previous I know that my family's financial situation has not we need would be shown. I am not eligible for Federal financial aid because I understand that if I have non-citizenship status (Value I am not eligible to receive Federal or State financial I certify that I am not in default on any loan and do I ask the Office of Scholarship and Financial Aid to Effort Test be waived. I understand that waiving the this year. 	worsened. I believe that if am pursuing a second moving a second moving a second moving and aid. I not owe a refund on any proceed with an application	if I applied for fin najor. Action for Childh y grant or loan. Ition to the SELF p	ancial aid for 2023-2024, little or no finar ood Arrivals (DACA), F1, F2, J1, J2, or G Sprogram and ask that the program's Max	Series), ximum
Student Signature			Date	
Parent Signature			Date	
OFFICE USE ONLY I accept the statements above and agree that little or no fir to the applicant the consequences of not applying for need acceptable and in the applicant's interest.				
Staff Signature			Date	
Budget Grade				

RETURN THIS COMPLETED AND SIGNED FORM TO:

Minnesota State University Moorhead • Office of Scholarship and Financial Aid • MSUM Box 90 • 1104 7th Avenue South • Moorhead, MN 56563 218.477.2251 • Fax: 218.477.2058 • E-mail: finaid@mnstate.edu