Request for Waiver of SELF Maximum Effort Test And Affidavit of "No Need" 2024-2025



Name		Stu	dent ID	
Address				
Phone	Email			
Number of credits each term	Expected	graduation dat	e	
Fall Spring Summer	Fall	Spring	Summer	
Citizenship	Year			
U.S. Citizen Eligible Non-Citizen	Non-Citizen with Student Visa	-		
Read the following statements and check ALL th	at apply to you:			
 I am not eligible for Federal financial a I understand that if I have non-citizen: I am not eligible to receive federal or s I certify that I am not in default on any I ask the Office of Scholarship and Fin Effort Test be waived. I understand th this year. 	ship status (Visa categories Deferre tate financial aid. I loan and do not owe a refund on a ancial Aid to proceed with an appli	ed Action for Childh iny grant or loan. cation to the SELF p	program and ask that the program	's Maximum
Student Signature			Date	
Parent Signature			Date	
OFFICE USE ONLY I accept the statements above and agree that to the applicant the consequences of not app acceptable and in the applicant's interest.	lying for need-based aid. I am satis	fied that waiving th	e SELF Program's Maximum Effor	t Test is
Staff Signature			Date	
Budget Grade				

RETURN THIS COMPLETED AND SIGNED WORKSHEET 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: financialaid@mnstate.edu