



Return completed documents to:

Financial Aid Office **OR** Financial Aid Office
300 Spirit River Dr S 11200 Mississippi Blvd NW
Cambridge, MN 55008 Coon Rapids, MN 55433
Fax# 763-433-1501

2019 – 2020 Declaration to Waive the Minnesota State Grant and Child Care Grant

Name (Please Print)

Student I.D. #

Please indicate why you are waiving your right to the Minnesota State Grant and Child Care Grant:

I am unable to provide my transcript(s), but I plan to.

***NOTE : It is the student's responsibility to notify the financial aid office to review the transcript when it is provided.
Disbursement will be based on eligibility at the time of submission.**

I am unable to provide my transcript(s), and will not acquire them this academic year.

Other: _____

By signing this waiver, you are certifying that you are voluntarily relinquishing any and all rights to the 2019-2020 Minnesota State Grant and Child Care Grant.

Student's signature

Date