

**Return completed documents to:** Financial Aid Office **OR** Financial Aid Office300 Spirit River Dr S 11200 Mississippi Blvd NW Cambridge, MN 55008 Coon Rapids, MN 55433

 Fax# 763-433-1501

**2020 – 2021**

**Declaration to Waive the**

**Minnesota State Grant and Child Care Grant**

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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 2020-2021 Minnesota State Grant and Child Care Grant.

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Student’s signature Date