



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

## 2020 – 2021 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 2020-2021 Minnesota State Grant and Child Care Grant.

\_\_\_\_\_  
Student's signature

\_\_\_\_\_  
Date