



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