

# Request for Waiver of SELF Maximum Effort Test And Affidavit of "No Need" 2022-2023



Name \_\_\_\_\_ Student ID \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_  
E-mail \_\_\_\_\_

## Planned enrollment (# of credits each term)

Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_

## Expected graduation date

Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_

Year \_\_\_\_\_

## Citizenship

U.S. Citizen \_\_\_\_\_ Eligible Non-Citizen \_\_\_\_\_ Non-Citizen with Student Visa \_\_\_\_\_

### Read the following statements and check ALL that apply to you:

- I applied for financial aid (filed a FAFSA) in a previous year and was found to demonstrate little or no financial need.
- I know that my family's financial situation has not worsened. I believe that if I applied for financial aid for 2022-2023, little or no financial need would be shown.
- I am not eligible for Federal financial aid because I am pursuing a second major.
- I understand that if I have non-citizenship status (Visa categories Deferred Action for Childhood Arrivals (DACA), F1, F2, J1, J2, or G Series), I am not eligible to receive Federal or State financial aid.
- I certify that I am not in default on any loan and do not owe a refund on any grant or loan.
- I ask the Office of Scholarship and Financial Aid to proceed with an application to the SELF program and ask that the program's Maximum Effort Test be waived. I understand that waiving the Maximum Effort Test may preclude me from consideration of additional need-based aid this year.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

### OFFICE USE ONLY

I accept the statements above and agree that little or no financial need would be found if a 2022-2023 FAFSA were to be filed. I have explained to the applicant the consequences of not applying for need-based aid. I am satisfied that waiving the SELF Program's Maximum Effort Test is acceptable and in the applicant's interest.

Staff Signature \_\_\_\_\_ Date \_\_\_\_\_

Budget \_\_\_\_\_ Grade \_\_\_\_\_

### RETURN THIS COMPLETED AND SIGNED FORM 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: [finaid@mnstate.edu](mailto:finaid@mnstate.edu)