



THE MASTER'S
UNIVERSITY

FAFSA Waiver Form

INSTRUCTIONS

1. If you have questions, call 800.568.6248 ext 2290 FOR OFFICE USE ONLY
2. Send completed form to:
The Master's University | Office of Financial Aid
21726 Placerita Canyon Road, Santa Clarita CA 91321
FAX 661.362.2693 Date received:

PERSONAL INFORMATION

Name: _____ Student ID Number: P 0 0 0 _ _ | _ _ _ _ |

GUIDELINES

By signing below, I am requesting The Master's University of Financial Aid waive the requirement of completing the FAFSA. I understand that if I do not complete the FAFSA, I am ineligible for federal, state, and need-based institutional aid at The Master's University. This includes the following:

- The Master's University Grant
- Cal Grant
- Pell Grant
- Supplemental Educational Opportunity Grant
- Federal Subsidized and Unsubsidized Stafford Loan
- Federal Parent Loan for Undergraduate Students
- Work Study (with the exception of International Students)
- Need - Based Department Scholarships
- First Generation Scholarship

The merit-based aid which I wish to be considered for includes:

- Academic Scholarships
- Athletic Scholarships
- International Student Scholarships
- Ministry Matching Grant
- Pastor and Missionary Dependent Grant
- Alumni Scholarship
- Church/TMF Scholarship
- Red and Blue Scholarship
- Music Department Scholarship
- Just Thinking Scholarship

Student's Signature: _____ Date: _____

Electronic Signatures are not accepted