



## FINANCIAL AID WAIVER APPLICATION

### Student Information (Please print legibly in blue or black ink)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

EMPLID: \_\_\_\_\_ Phone #: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Semester and Year of Application: ☐ Summer \_\_\_\_\_ ☐ Fall \_\_\_\_\_ ☐ Spring \_\_\_\_\_

Type of Waiver: ☐ Federal Aid (PELL grant, SEOG grant, Direct loans, Perkins loan) ☐ New York State Aid (TAP, NYS HESC Scholarship, Veterans Tuition Assistance) ☐ Beneficial Placement

### Confidentiality Clause:

With respect to the information disclosed herein this application, the financial aid office agrees to: (1) hold in trust and confidence all confidential information herein and will not publish, transfer or disclose to others, directly or indirectly, anything documented in this application without the prior consent or knowledge of the applicant; (2) will not copy or reproduce any confidential information, except where needed for the financial aid waiver process; (3) will not use any confidential information for any purpose without the prior consent of the applicant, except as may be necessary for the financial aid waiver process.

I, the undersigned, hereby acknowledge that:

1. I have read through the John Jay College bulletin for information on the academic requirements for financial aid.
2. I have completed and submitted the financial aid waiver application along with the appropriate documentation and forms.
3. I will notify the Financial Aid Office via [fawaivercommittee@jjay.cuny.edu](mailto:fawaivercommittee@jjay.cuny.edu) if I decline to continue with the financial aid waiver process. If I decline to continue with the process, I will be liable for all tuition and/or fees charges.

By signing this form I understand that:

1. Subsequent financial aid payments are not guaranteed regardless of the outcome of my financial aid waiver application, waiver appeal and/or academic plan.
2. It is my responsibility to meet the college's satisfactory academic progress requirements as set forth in the college's bulletin in order to be eligible for future financial aid payments, including federal, state, and/or institutional aid.
3. I will be placed on financial aid probation for a period of one semester in which, at the end of the semester, I must have been found to be in compliance all federal, state, and/or institutional academic requirements, in addition to complying with all the terms and/or conditions as set forth by an Academic Advisor as described in my academic plan.
4. It is my responsibility to complete a FAFSA and/or TAP application. In addition I must submit any additional documentation requested by the Financial Aid Office for the completion of Verification and/or loan processing.
5. **It is my responsibility to make full payment for all outstanding balances due to the college, which may incur with the denial of my waiver application, appeal, non-compliance of my academic plan, or my rejection of continuing with the financial aid waiver process.**

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

Financial Aid Rep Signature: \_\_\_\_\_ Date: \_\_\_\_\_