



Waiver Application/Request Form

Complete sections I & II of this form and return to the Student Finance office with the appropriate documentation.

I. Student Information

Name (Last, First) _____
Student ID#

Street Address _____
City _____
State _____
ZIP code

Primary phone number _____
E-mail address

II. Type of Waiver Request

- SBHE member of the board Waiver:**
 - Attach SBRHE roster
- Survivor of Firefighter/EMS/peace officer Waiver:** Emergency services personnel or peace officers who die as a result of injury during official duty
 - Attach proof of death as a result of injuries sustained while performing official duties needed
 - Attach proof of dependency
- Dependent of Veteran Waiver:** killed in action or died in service-related causes, has a 100% service connected disability, POW, or declared missing action
 - Attach eligibility certification from the Veterans office.
 - Attach proof of dependency
 - 10 semesters are available. Please indicate below any semesters used and at which institution.

- Application Fee Waiver**
 - Submit written explanation for the request
- Senior Citizen Waiver**
 - Submit this form as well as age verification 65 or older. The verification can be any official ID with a birthdate and name.

Semester

Fall Year _____ Spring Year _____ Summer Year _____

I hereby certify to the best of my knowledge that the information on this application is true.

Signature _____ Date _____

For Williston State College use only:		Date Received: _____
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Documentation Complete
Approved Signature: _____		Financial Aid Notification: _____
Posted to student account by: _____		Date: _____