



Gwynedd Mercy
University

**FAFSA Waiver Form
2020-2021 Academic Year**

Student's Name: _____

Student SSN: _____ - _____ - _____
(This is required for 1098-T tax purposes)

By signing below, I am requesting that the Student Financial Aid Office waive the requirement of completing the Free Application for Federal Student Aid (FAFSA) for the 2020-2021 Academic Year. I understand that if I do not complete the FAFSA, I am waiving my right to be considered for federal, state, and need-based institutional financial assistance at Gwynedd Mercy University.

Student's Signature: _____ Date: _____

*Note: This form must be completed each academic year for which the student wishes to waive their FAFSA. The completion of this form does not prohibit a student from filling out the FAFSA, to determine Title IV aid eligibility, at any point within the academic year if the student wishes to do so.

Please Fax or Mail This Form To:

Student Financial Aid Office
1325 Sumneytown Pike, P.O. Box 901 • Gwynedd Valley, PA • 19437-0901
Phone: 215-646-7300 Ext. 21216 • Fax: 215-641-5556

THIS FORM CANNOT BE SUBMITTED THROUGH EMAIL