

2024-2025 FAFSA Waiver Form

By signing below, I am requesting Hood College Office of Financial Aid to waive the requirement of completing the FAFSA for 2024-2025. I understand that if I do not complete the FAFSA, I am ineligible for federal, need-based state, and need-based institutional aid at Hood College.

Student Signature _____

Student ID #: _____

Student Name (Print) _____

Date _____

Parent Signature _____

Date _____

Parent Name (Print) _____

I understand that I may choose to complete the FAFSA at a later date and will notify the Office of Financial Aid when the FAFSA is completed for 2024-2025.