

# 2024-2025 Voluntary Waiver of North Star Promise Award



## FINANCIAL AID OFFICE

Please complete this form to voluntarily waive your North Star Promise Award.

### Student Information:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_

Student ID or SSN: \_\_\_\_\_

### Voluntary Waiver:

Please indicate why you are voluntarily waiving your right to the North Star Promise Award:

I am eligible for a different scholarship or tuition benefit, example Ch. 33, which is either reduced by or will reduce my North Star Promise award and wish to preserve my North Star Promise eligibility for later in my academic career.

I am only eligible for a small North Star Promise award and wish to preserve my North Star Promise eligibility for later in my academic career.

Other: \_\_\_\_\_

**Note:** If you are requesting this voluntary waiver of the North Star Promise Award after having already received the award disbursement, the return of funds to the award source will result in a balance that you will owe back to Northland through your student account. You are required to pay this amount back to pay the charges for tuition and fees for which you will no longer be receiving the North Star Promise.

Please indicate which semester(s) of the current aid year you are voluntarily waiving your right to the North Star Promise award. Select all semesters that apply:

Fall       Summer

Spring

### Signature

By signing this waiver, I certify that I am voluntarily relinquishing any and all rights to the North Star Promise award for the above-indicated semester(s) of the current aid year. I also understand that relinquishing my rights to the North Star Promise award after I have already received the award disbursement may result in a balance that I owe back to Northland Community & Technical College. If the semester that I would like to waive my rights to the North Star Promise award has already concluded, I understand that this request may not be honored.

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Northland Student/Star ID

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Date

**A MEMBER OF MINNESOTA STATE**

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DO NOT WRITE BELOW THIS LINE!

OFFICE USE ONLY

**ALL DECISIONS ARE FINAL**

**This waiver has been approved.** You need to do the following: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**This waiver has been denied** for the following reason: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**No Decision.** The following information is still needed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
FAA Counselor's Signature

\_\_\_\_\_  
Date

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