## MISSION GRADUATION

## NON-FAFSA FILER DECLARATION

I, the undersigned, declare that I am prohibited by law from completing the Free Application for Federal Student Aid (FAFSA) available under Title IV of the Higher Education Act of 1965.

I understand that if I sign and submit this declaration while I am permitted by law to complete the FAFSA, it may require me to repay some or all of my Mission Graduation Scholarship Award, if any, to the CSN Financial Aid Office, and/or the loss of eligibility.

I declare under penalty of perjury under the laws of the State of Nevada that the foregoing is true and correct.

Please indicate the category under which you identify:

## DACA 🗌 UNDOCUMENTED 🗆

NSHE ID:

Student Name:\_\_\_\_\_

CSN Graduation semester/year: \_\_\_\_\_

Degree/Major:

Student's signature required:

Date:

