



**OFFICE OF FINANCIAL AID**

**NON-FAFSA FILER DECLARATION**

I, the undersigned, do hereby 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 Nevada Promise Scholarship award, if any, to the Nevada Promise Scholarship fund, and/or loss of eligibility for the Nevada Promise Scholarship.

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

NSHE ID: \_\_\_\_\_

Student Name (Printed): \_\_\_\_\_

Student High School Graduation Year: \_\_\_\_\_

Student Signature: \_\_\_\_\_

\*Parent's signature required only if student is under the age of 18:

Parent Name (Printed): \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please submit this form to:

CSN Financial Aid Office  
6375 West Charleston Blvd  
Las Vegas, NV 89146  
Student Services Area  
Building D

CSN Financial Aid Office  
3200 East Cheyenne Avenue  
North Las Vegas, NV 89030  
Student Services Area  
Main Building

CSN Financial Aid Office  
700 College Drive  
Henderson, NV 89002  
Student Services Area  
Building B

If you are mailing the form, please mail to the West Charleston address. If you have any questions, please contact: (702) 651-4303.

