



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 Signature: _____

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.