



ST. CLOUD STATE UNIVERSITY

North Star Promise Award Voluntary Waiver

Student Information:

First Name: _____

Last Name: _____

Tech ID: _____

Voluntary Waiver:

[] I am eligible for a different scholarship or tuition benefit, example Chp. 31/Chp. 33, which is either reduced by or will reduce my North Star Promise award and I do not wish to use the North Star Promise scholarship for the upcoming semester.

[] Other: _____

Signature:

By signing this waiver, I certify that I am voluntarily relinquishing all rights to the North Star Promise award for the upcoming semester 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 St. Cloud State University.

Student Signature: _____

Date: _____

Instructions:

Complete this form and return to SCSU Veterans Resources Center in person at 100 Administrative Services or by email at veteransresource@stcloudstate.edu.