

Football Scholarship FAFSA Application Exemption for 2020-2021

1. _____		
Last name	First Name	Blinn Student ID#
2. Type of Scholarship Offered: _____		
3. Estimated value of scholarship offered: \$ _____		
1. Number of people in student's family: _____		
2. Number of family members attending college in 2020-2021: _____		
3. Name of Parents or Guardians:		

Last name	First name	

Last name	First name	
4. Parent's 2018 adjusted gross income \$ _____		
5. Student's 2018 adjusted gross income \$ _____		
6. Have there been any drastic changes in the family's financial situation since last year: YES NO		
If yes, please explain: _____		

1. Have you completed the 2020-2021 Free Application for Federal Student Aid: YES NO		
2. Have you received any other scholarships: YES NO		
I certify that the information listed above is correct to the best of my knowledge.		

Student's Signature	Parent's Signature	
(To be completed by Blinn Representative)		
I request that this student's scholarship be approved without requiring a complete financial aid file.		

Signature of Coach or Director	Sport or Activity	