

2025-2026 FAFSA Waiver Form

Return in person or mail to: Financial Aid —Bay Hall – 900 N. Benton – Springfield, MO 65802, Phone 417-873-7312 Fax: 417-873-6909 Email: fa@drury.edu

Drury University Student Athletes are required to file the Free Application for Federal Student Aid (FAFSA). If extenuating circumstances exist, a waiver of this requirement may be requested.

Complete all information. Do not leave blanks. Incomplete forms will not be processed.

Name				Drury ID#	<u></u>
Last		First		MI	
Address					
City		State	Zip Code	Date of Birth	//_
Athletic Team .			Drury Email:		@drury.edu
	RAL AID EI nt and one pare Parent	LIGIBLITY ent must <u>initial</u> each	n statement:		
(Initial)	(Initial)				
	othe I unc	r need-based financi lerstand that the Fin k Study, federal and	al aid. ancial Aid Office canno	rmine my eligibility for fe t review my eligibility for eed-based aid if I elect no	r Pell Grants,
			-	ompleting the FAFSA and are need based financial ai	

C. CERTIFICATION AND SIGNATURES

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By signing this form, I certify that all information reported is complete and correct. I understand that if I purposely give false or misleading information to the Financial Aid Office, my eligibility for aid may be reduced or eliminated. I will monitor my Drury email account and MyDrury for updates. I understand it is my responsibility to submit complete paperwork, and submitting incomplete paperwork will delay the processing of my financial aid. I will be prepared to make my first payment when due if all requirements for receiving aid have not been completed at that time.

The student and one parent must sign and date. <u>Typed signatures will not be ac</u>	ccepted.
Student Signature	_ Date
Parent Signature	_ Date