

## Football Scholarship FAFSA Application Exemption for 2022-2023

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 2022-2023: _____		
3. Name of Parents or Guardians:		
_____		
Last name	First name	
_____		
Last name	First name	
4. Parent's 2020 adjusted gross income \$ _____		
5. Student's 2020 adjusted gross income \$ _____		
6. Have there been any drastic changes in the family's financial situation since last year: <b>YES</b> <b>NO</b>		
If yes, please explain: _____		
_____		
1. Have you completed the 2022-2023 Free Application for Federal Student Aid: <b>YES</b> <b>NO</b>		
2. Have you received any other scholarships: <b>YES</b> <b>NO</b>		
I certify that the information listed above is correct to the best of my knowledge.		
_____		
Student's Signature	Parent's Signature	
<b>(To be completed by Blinn Representative)</b>		
I request that this student's scholarship be approved without requiring a complete financial aid file.		
_____		
Signature of Coach or Director	Sport or Activity	