

Football Scholarship FAFSA Application Exemption for 2021-2022

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 2021-2022: _____		
3. Name of Parents or Guardians:		
_____	_____	
Last name	First name	
_____	_____	
Last name	First name	
4. Parent's 2019 adjusted gross income \$ _____		
5. Student's 2019 adjusted gross income \$ _____		
6. Have there been any drastic changes in the family's financial situation since last year: <input type="checkbox"/> YES <input type="checkbox"/> NO		
If yes, please explain: _____		

1. Have you completed the 2021-2022 Free Application for Federal Student Aid: <input type="checkbox"/> YES <input type="checkbox"/> NO		
2. Have you received any other scholarships: <input type="checkbox"/> YES <input type="checkbox"/> 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