

# MILLENNIUM SCHOLARSHIP FUNDS WAIVER FORM

**Note:** This form is not inter-active. Please print, complete with required information, and submit to Student Financial Services at any CSN campus. Thank you.

I, \_\_\_\_\_ **Declare that I do not wish to use the Millennium**  
Student Name (Please print)

Scholarship funds I am entitled to for the \_\_\_\_\_ Semester of \_\_\_\_\_  
Term Year

Millennium Scholarship ID: \_\_\_\_\_ CSN Student ID: \_\_\_\_\_

Please read and initial:

\_\_\_\_\_ I understand that a *Millennium Scholarship Funds Waiver Form* must be submitted at least 14 calendar days prior to the first day of the semester (see class schedule of semester concerned). If funds have been awarded to me by the time CSN receives this form, this waiver is null and void.

\_\_\_\_\_ I understand that this *Millennium Scholarship Funds Waiver Form* is valid only for the semester term (fall, spring or summer) and year specified above. Forms naming multiple semesters and/or years, or "until further notice" cannot be honored.

\_\_\_\_\_ I understand that a partially completed *Millennium Scholarship Funds Waiver Form* (any required information missing) will not be processed.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**\*\*For Official Use Only\*\***

Student Financial Services Personnel: Please inter-office this form to Christine K. Trice, Mail stop **W17D**.