



**FAFSA Waiver Form  
2026-2027 Academic Year**

**Student's Name:** \_\_\_\_\_

**Student SSN:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
(Your SSN is needed in order for us to send you the  
1098-T for that you will need to file your taxes.)

By signing below, I am confirming that I do not plan to complete the Free Application for Federal Student Aid (FAFSA) for the 2026-2027 Academic Year. I understand that if I do not complete the FAFSA, I will not be considered for federal, state, and need-based institutional financial assistance as a student at Gwynedd Mercy University. Merit scholarship and other non-need-based institutional funding already awarded to me by the University for the 2026-2027 academic year will not be impacted by this decision.

**Student's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\*Note: This form must be completed each academic year for which the student wishes to waive the FAFSA. The completion of this form does not prohibit a student from filling out the FAFSA, to determine Title IV aid eligibility, at any point within the academic year if the student wishes to do so.

**Please Fax or Mail This Form To:**  
Student Financial Aid Office  
1325 Sumneytown Pike, P.O. Box 901 • Gwynedd Valley, PA • 19437-0901  
Phone: 215-646-7300 Ext. 21216 • Fax: 215-641-5556