



HOLMES  
COMMUNITY COLLEGE

**Office of Financial Aid**  
**2015/2016**  
**FAFSA Waiver**

FORM - 16WVR

Please provide the information below to waive the requirement to complete the FAFSA application, since you doubt your eligibility for the Federal Student Aid Program.

**A. Student Information:**

Last Name	First Name	MI	Social Security Number
Address (include apt. no)			Date of Birth
City	State	Zip Code	Phone Number (include area code)

**B. Family Information/Marital Status** - Indicate your parent(s)' marital status, if student is dependent. If student is independent, indicate student's marital status:

\_\_\_\_ Never Married      \_\_\_\_ Married      \_\_\_\_ Married, but Separated      \_\_\_\_ Divorced\*      \_\_\_\_ Widowed

List the people in your parents' and/or student's household, including:

- Yourself and your parent(s) (including stepparent) even if you don't live with your parents, and
- Your parent(s)' other children, even if they don't live with your parent(s), if (a) your parents will provide more than half of their support from July 1, 2015 through June 30, 2016, of (b) the children would be required to provide parental information when applying for Federal Student Aid, and
- Other people if they now live with your parents, and your parents provide more than half of their support and will continue to provide more than half of their support from July 1, 2015, through June 30, 2016.

Write the names of all household members in the space(s) below. Also write in the name of the college for any household member who will be attending at least half time between July 1, 2015 and June 30, 2016 and will be enrolled in a degree, diploma, or certificate program. If you need more space, attach a separate page.

Full Name	Age	Relationship	College
		Self	Holmes Community College

**Student: Include a copy of all 2014 W2 forms.**

Source: \_\_\_\_\_ \$ \_\_\_\_\_ (yearly amount)

Source: \_\_\_\_\_ \$ \_\_\_\_\_ (yearly amount)

**Parent: Include a copy of all 2014 W2 forms.**

Source: \_\_\_\_\_ \$ \_\_\_\_\_ (yearly amount)

Source: \_\_\_\_\_ \$ \_\_\_\_\_ (yearly amount)

**E. SIGN THIS WORKSHEET** no electronic signature, must be original. I understand if I purposely give false or misleading information, I may be fined, sentenced to prison, or both.

Student:	Date:
Parent:	Date:

Return this form and all requested documentation by one of the following means: take to your campus Financial Aid Office, mail to Financial Aid Office, P O Box 216, Goodman, MS 39079, fax to 662-472-9170 or email to gmuse@holmescc.edu.