\square	May Hall, Room 111	Office Hours: 7:45 a.m 4:30 p.m. Monday - Friday				
	•	· · · ·				
	Financial Aid	Phone: 1-800-279-4295 ext. 2 or 701-502-4407				
	Dickinson State University	Fax: 701-483-2409				
	291 Campus Drive	Web: www.dickinsonstate.edu				
	Dickinson, ND 58601-4896	Email: dsu.financialaid@dickinsonstate.edu				
	Cultural Diversity Tuition Waiver Application					
STATE UNIVERSITY	Guillar Div	reisity ruition waiver Application				

To be eligible, individuals must be from a historically under-represented population (African American, American Indian, Pacific Islanders, Alaska Natives and Villages, Asian American, or Hispanic American) <u>and</u> demonstrate a Pell-eligible Expected Family Contribution for the semester they are applying for and have unmet financial need. Students must complete the Cultural Diversity Tuition Waiver application on the website and submit a FAFSA. Priority will be given to American Indians and students who complete the FAFSA by the priority deadline.

First review of applications will begin immediately following the FAFSA priority deadline. Waivers will be awarded until funds are depleted.

Name:				_ EMPLID:	Date of B	rth:
	(First)	(Last)	(Middle)			
Email:					_ Phone:	
<u>Please Ch</u>	eck One of the F	ollowing:				
	Africa	an American	American	Indian	Asian American	
	Hispa	anic American	Native Ala	skan	Pacific Islander	
<u>Please Inc</u>	licate the Semest	ter Applying for:	Spring / Fall (Circle one)	Year: _		
Please Ch	neck One of the F	ollowing :	New First Year S	tudent	New Transfer Student	Returning Student
	T Score: ear Students Only)	High School	GPA:	_ High Scho	ool Class Rank:/	(Attach Unofficial Transcripts)
		Cumula Irning Students Only)	ative Credits Earned:		(Attach Unofficial Transcripts)	
List Speci	al Interests and/o	or Extracurricular	Involvement:			
What role	(s) do you believe	e diversity plays ir	n today's society? (a	ttach additi	ional page if necessary)	
					my knowledge. Any false or conflicted a Cultural Diversity Tuition Wa	

Dickinson State University to access my academic and financial aid records as needed to monitor my current and continued eligibility for this waiver.

Student Signature

Date

Please return this application and any other documentation to the address, fax, or email above.