



Statement of Understanding

Academic Year _____

Student Name _____ ID Number _____

California Baptist University
Financial Aid Office
Yeager Center B123
8432 Magnolia Avenue
Riverside, CA 92504
Phone: 951-343-4236
Fax: 951-343-4518
E-mail: finaid@calbaptist.edu

Complete this form if you will not complete a Free Application for Federal Student Aid (FAFSA) for the current academic year. Completion of the FAFSA allows your Financial Aid Counselor to determine your eligibility for federal, state, and institutional aid. Without the FAFSA your options for financial aid are very limited.

I have read the above statement and understand the following:

- Without a FAFSA I will not be eligible for federal or state financial aid.
- Without a FAFSA I will not be eligible for the need-based CBU Grant.
- It is at the discretion of California Baptist University to release institutional aid without the completion of the FAFSA.

Student Signature _____ Date _____

Office Use Only

Notes: _____

Authorized Signature _____ Date _____