

BPCC FINANCIAL AID OFFICE

6220 EAST TEXAS BOSSIER CITY, LA 71111 318.678-6026 318-678-6398 (FAX)

REQUEST TO CANCEL/DECLINE FINANCIAL AID

Note: A student may not return any Pell Grant funds from a prior award year that the student was otherwise eligible to receive.

Name: _____ Student ID: _____
(Please Print)

Please cancel my: (check all that apply) for the _____ Semester.

_____ **Decline Pell Grant** I understand that I may decline all or part of a disbursement of Pell Grant funds that I am otherwise eligible to receive for this award year.

By my signature below, I certify that I am **declining** Pell Grant funds for which I am otherwise eligible. I further understand that those funds may not be available once the award year is over

Student Signature _____ Date _____

_____ **Returning Pell Grant Funds** I understand that I may return all or a portion of Pell Grant funds that I am otherwise eligible to receive, as long as this action is taken during the same award year.

By my signature below, I certify that I am **returning** Pell Grant funds for which he or she is otherwise eligible and I further understand that those funds may not be available once the award year is over. I have returned the funds directly to the school (BPCC Business Office).

Student Signature _____ Date _____

_____ **Cancel my Federal Direct Subsidized Loan**

_____ **Cancel my Federal Direct Unsubsidized Loan**

_____ **Cancel my Other aid:** _____

I am cancelling/declining/returning my aid because:

_____ I will NOT be attending college next semester

_____ I will be attending ANOTHER school next semester and will be receiving aid there

_____ I do not want a student loan

_____ I want to reserve my Pell grant eligibility for future semesters.

_____ Other: (state reason below)

Student Signature _____ Date _____