

Student Financial Services

Cancel Aid 2022-2023

STUDENT ID:	CONTACT	PHONE NUMBER:	
FIRST NAME:	LAST NAME:		
STREET ADDRESS:	CITY:	STATE:	
This request is to cancel all	or part of my financial aid for t	he 2022-2023 Academic \	ear: YesNo
This request is to canc	el all or part of my financial aid	for: (Check One)	
FALL TERM	SPRING TERM	SUMM	IER TERM
Please check all that apply:	1		
Subsidized Loan:	Unsubsidized Loan:	Parent Plus Loan*:	Pell Grant:
Grants and Scholarships:	Work Study	Cancel all financial aid*: _	<u></u>
Please check one of the fol	lowing reasons:		
The student is withdrawing f	rom Polk State to attend another colle	ge (as named here):	
The student has another sou	arce of payment that he or she wishes to	o use this term or academic yea	r.
The student declines all aid f	or specific reason(s) Explain reason(s) h	nere:	
_	or part of the aid received, please sign inancial Services. The form may be em		
Please Note: All loans <u>disbursed</u> the student will be billed as a res	orior to receiving this form cannot be cault of that cancellation.	ancelled by the student. If the o	ffice cancels a disbursed loan,
	is true and correct to the best of my knowledge. I n after my loan is disbursed, the college will NOT by the College.		
Student Signature:	Da	ate:	
*Parent Signature for Parent F	PLUS Loan cancellation:		Date:
For office use only**:			
SFS processing staff:	(**St	aff signs once aid is canceled	d.) Date:
Office of Student Financial Services 999 Avenue H, N.E. Winter Haven, FL 33881-4299 Phone: 863.297.1004 Fax: 863	3.298.6850 Email: <u>financialaid@pol</u>	<u>lk.edu</u>	