

Cancel Aid 2023-2024

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 the 2023-2024 Academic Year.

____ This request is to cancel all or part of my financial aid for: (Check One)

FALL TERM _____

SPRING TERM _____

SUMMER TERM _____

Please check all that apply: Subsidized Loan Unsubsidized Loan Parent Plus Loan Pell Grant
 Grants and Scholarships Work Study Cancel all financial aid**Please check one of the following reasons:**

____ The student is withdrawing from Polk State to attend another college (as named here): _____

____ The student has another source of payment that they wish to use this term or academic year.

____ The student declines all aid for specific reason(s). Explain reason(s) here: _____

To confirm the right to cancel all or part of the aid received, please sign, and submit this form as soon as possible at the Lakeland or Winter haven Office of Student Financial Services. The form may be emailed, faxed, or personally delivered to the office.

Please Note: All loans *disbursed* prior to receiving this form cannot be cancelled by the student. If the office cancels a disbursed loan, the student will be billed because of that cancellation.

*I certify the information on this document is true and correct to the best of my knowledge. I have read each section and provided the appropriate required documentation. I also understand that if I submit this form after my loan is disbursed, the College **will NOT** cancel my loan. If, by any chance, my loan is cancelled during the submission process, I understand that the College will bill me.*

Student Signature: _____ Date: _____

*Parent Signature for Parent PLUS Loan cancellation: _____ Date: _____

For office use only:

SFS processing staff: _____ Date: _____

Polk State College
Office of Student Financial Services
999 Avenue H, N.E.

Winter Haven, FL 33881-4299

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financialaid@polk.edu