

## Financial Aid Cancellation Form

CANAID

STUDENT ID: _____		TERM: _____	
LAST NAME _____		FIRST _____	
STREET ADDRESS _____		CITY _____	STATE _____ ZIP CODE _____
( ) _____ HOME PHONE	( ) _____ WORK	( ) _____ CELL PHONE	

- THIS REQUEST IS TO CANCEL ALL OR PART OF MY FINANCIAL AID FOR THE 2017-18 ACADEMIC YEAR.**  
 **THIS REQUEST IS TO CANCEL ALL OR PART OF MY FINANCIAL AID FOR THE:**  
 **FALL TERM**                       **SPRING TERM**                       **SUMMER TERM**

**PLEASE CHECK ALL THAT APPLY:**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Subsidized loan | <input type="checkbox"/> Unsubsidized loan       | <input type="checkbox"/> Parent Plus Loan*                       |
| <input type="checkbox"/> Pell            | <input type="checkbox"/> Grants and Scholarships | <input type="checkbox"/> <b><u>Cancel all financial aid*</u></b> |
|  |  | <input type="checkbox"/> Work Study                              |

**PLEASE CHECK ONE OF THE FOLLOWING REASONS:**

Student will be attending another school and is withdrawing from Polk State College.

**Name of the new school:** \_\_\_\_\_

Student has another source of payment that (s)he wishes to use this term or academic year

Student declines all aid for specified reason (s): please explained below?

**Reason(s) for declining aid:** \_\_\_\_\_

This is to confirm you wish to cancel all or part of your aid, please sign and submit this form as soon as possible to the Lakeland or Winter Haven Office of Student Financial Services. You may email, fax or personally submit this form to the office.

**Please be aware** that all loans *disbursed* prior to receiving this form cannot be cancelled. If the office cancels a disbursed loan, the student will be billed as a result of that cancellation.

**Certification:** *I certify the information on this is true and correct to the best of my knowledge. I have read each section and provided the appropriate required documentation. I also understand 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, I will be billed by the college.*

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*Parent Signature for PLUS loan cancellation: \_\_\_\_\_ Date: \_\_\_\_\_

***For office use only:***

 SFS processing staff: \_\_\_\_\_ (*Staff signs once aid is canceled*) Date: \_\_\_\_\_

Office of Student Financial Services

999 Avenue H, N.E.

Winter Haven, FL 33881-4299

Phone: 863-297-1004

Fax: 863-298-6850

 Email: [financialaid@polk.edu](mailto:financialaid@polk.edu)