

Financial Aid Request to Cancel Aid Form

CAN Aid

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

THIS FORM IS SUBMITTED REQUESTING TO CANCEL MY FINANCIAL AID FOR THIS ACADEMIC YEAR, OR TERM DUE TO ONE OF THE FOLLOWING REASONS:

- Student will be attending another school and is withdrawing from this college
- Student declines all aid for specified reason explained below
- Student is not enrolled and was not attending this college
- Student has another source of payment that he/or she wishes to use this term or year

If you feel that you have extenuating circumstances and you need to cancel all the aid you were awarded please sign and submit this form and provide the new school name you will be attending or a brief description of why you are declining your aid. Please submit to the Office of Student Financial Services:

Name of the new school: _____

Year /Term to Cancel Aid: _____

Do you want to cancel all your aid or a specific award, if all write all if not list the award you wish to cancel?

Certification: I certify the submitted information is true and correct to the best of my knowledge. I have read each section and provided the appropriate required documentation. I realize that if I do not provide supporting documentation, no further action will be taken on this request by POLK STATE COLLEGE.

Student Signature: _____ Date: _____

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Email: financialaid@polk.edu