



2017-2018

Statement of Decline/Reinstatement of Funds

Student ID _____

Last Name

First Name

M.I.

Please check **only** the changes or requests that pertain to you:

_____ DECLINE AID: Please mark the term(s) and fund(s) you wish to decline: (please check)

_____ Fall 2017

_____ Spring 2018

_____ Summer 2018

_____ Pell Grant

_____ Cal Grant

_____ Work-Study

_____ Direct Subsidized Loan

_____ Direct Unsub. Loan

_____ Alternative Loan

_____ ALL AID

Reason(s) for Declining Aid:

_____ I plan to receive my financial aid from _____
Name of School

_____ I plan to transfer and want my aid to be reserved for my 4 year college/university.

_____ I will not be attending PCC.

_____ REINSTATE AID: Please reinstate the aid I previously cancelled for the following term(s):

_____ Fall 2017

_____ Spring 2018

_____ Summer 2018

Reason(s) for Reinstating Aid:

Student's Signature _____

Date _____