2018-2019
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 2018** ☐ **Spring 2019** ☐ **Summer 2019**

☐ Pell Grant ☐ Cal Grant ☐ Work-Study

☐ Direct Subsidized Loan ☐ Direct Unsub. 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 2018 ☐ Spring 2019 ☐ Summer 2019

Reason(s) for Reinstating Aid:

_____

_____

Student Signature _____ Date_____