

2024-2025 Federal Aid Cancellation/Reduction Form

Student's Full Name:		ESCC Student ID Number:			
Mark the section of this form that applies to the portion(s) of aid that you wish to cancel or reduce. Be sure to					
complete the applicable subsections completely and sign and date the form before submitting it for processing.					
	Cancel ALL Aid - I want to cancel ALL my Financial Aid at ESCC:				
	Cancel ALL my financial aid for the following semeste	rs: Fall 2024 🛘	Spring 2025 🗖	Summer 2025 □	
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Grant Award - I want to decline my federal/state grant awards:					
	Cancel my grant awards for the following semesters:	Fall 2024 □	Spring 2025 ☐	Summer 2025 □	
Scholarship Award - I want to decline my scholarship(s):					
<u> </u>	iolarship Awaru - I want to decime my scholarship.	<i>3</i>).			
	Cancel my scholarships for the following semesters:	Fall 2024 □	Spring 2025 ☐	Summer 2025 ☐	
Additional Information					
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	Please include any additional information that you feel will help us process your financial aid modification.				
Student Signature					

Please submit to the campus Financial Aid Office and monitor your awards in the Student Information System (SIS).