



**Northwest LTC FINANCIAL AID
Financial Aid Refusal by Student 2017-2018**

Name _____ Campus ID(or SSN) _____
(Please Print) Last Name First Name

Explain why you are refusing your funding. **Please note – if you are attending another college, all financial aid will be canceled:**

___ Cancel all my Financial Aid
 ___ Fall ___ Spring ___ Summer

___ Cancel all my Grants
 ___ Fall ___ Spring ___ Summer

___ Cancel the Scholarship(s) listed here: _____
 ___ Fall ___ Spring ___ Summer

___ Cancel my Work-Study (You only have the option to cancel all of your work-study)

___ Cancel ___ 1st Disbursement ___ 2nd Disbursement
 ___ Fall ___ Spring ___ Summer

Please read, sign and date below

By signing below, I understand that the above funds I have marked will be canceled immediately. In order for me to be reconsidered for the canceled financial aid, I must notify the Financial Aid Office in writing. I also understand that the Financial Aid Office cannot guarantee that my canceled funds will be available if I decide that I want them to be re-awarded to me.

Signature _____ Date _____