



**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 \_\_\_ 1<sup>st</sup> Disbursement \_\_\_ 2<sup>nd</sup> 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** \_\_\_\_\_