

# Fort Scott Community College

## Cancel Aid Request Form

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Last Name

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First Name

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M.I.

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SSN or Student ID#

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School year to cancel aid: \_\_\_\_\_

Semester to cancel aid (check all that apply):

☐ Fall

☐ Spring

☐ Summer

Types of aid to cancel (check all that apply):

☐ Pell Grant

☐ Subsidized Loan

☐ Unsubsidized Loan

**If you borrowed student loans, you will first need to complete Exit Counseling at <https://studentaid.gov/>**

**A copy of the Exit Counseling confirmation must be attached to this form.**

Would you like the Financial Aid Office to notify your new school of this cancellation? ☐ Yes ☐ No

What is the name of your new school? \_\_\_\_\_

What is your new school's Financial Aid Office e-mail address? \_\_\_\_\_

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Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return this form to:

Fort Scott Community College  
Attn: Financial Aid Office  
2108 S. Horton  
Fort Scott, KS 66701  
Fax: 620-223-4927  
Email: [financialaid@fortscott.edu](mailto:financialaid@fortscott.edu)

**FOR FA OFFICE USE ONLY:**

Awards cancelled ☐

Info added to Exit Spreadsheet ☐

Conf. email sent to school ☐

Conf. email sent to student ☐

Form given to FA ☐

Initials: \_\_\_\_\_ Date: \_\_\_\_\_