

Fort Scott Community College

Cancel Aid Request Form

Last Name

First Name

M.I.

SSN or Student ID#

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? _____

Student Signature: _____ Date: _____

Please return this form to:

Fort Scott Community College
Attn: Financial Aid Office
2108 S. Horton
Fort Scott, KS 66701
Fax: 620-768-2938
Email: 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: _____