



2024-25 DECLINE OF AID

STUDENT INFORMATION	
Last Name:	First Name:
Student ID #:	Email:

I am requesting to decline financial aid for the following term(s):

<input type="checkbox"/> Summer 2024	<input type="checkbox"/> Fall 2024	<input type="checkbox"/> Winter 2025	<input type="checkbox"/> Spring 2025
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I am requesting LCC reverse any refund disbursements sent through BankMobile for the term(s) indicated above.

- YES
- NO

I am requesting to decline the following fund type(s):

- Decline ALL financial aid funds.
- OR –
- Decline selected fund(s) – Check all that apply:
- Federal Pell Grant (PELL)
- Washington College Grant (WCG)
- Washington Bridge Grant (WBG)
- Federal Supplemental Educational Opportunity Grant (FSEOG)
- College Bound Scholarship (CBS)
- Federal Direct Subsidized Loan
- Federal Direct Unsubsidized Loan
- Other: _____

Reason For Request:

By signing this form, I understand if I received financial aid at this college for the term(s) I selected above, I must repay all financial aid funds back to the college before this form can be processed. I understand that if for any reason Lower Columbia College (LCC) is unable to reverse the refund(s), I am responsible to repay the funds directly to LCC.

Student's Signature: _____

Date: _____

FOR OFFICE USE ONLY Comment(s):

Staff Name: _____

Staff Title: _____

Staff Signature: _____

Date: _____

RETURN COMPLETED FORM TO CASHIER'S OFFICE