CENTRAL PIEDMONT
COMMUNITY COLLEGE

Financial Aid Cancellation/Reinstatement Form (2025-26)

Warning: According to the U.S. Department of Education, if you purposely give false or misleading information, you may be subject to a fine of up to $20,000, imprisonment for up to five years, or both.

Student Information (Please Print)

Last Name: First Name:

Middle Initial:

Student ID Number:

Student Email Address:

Street Address (Include Apartment Number):

City: State:

Zip Code:

Phone Number (Include Area Code):

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This form is to request any or all financial aid to be cancelled/reinstated for the selected term during this academic year.

Cancel Award

☐ I am currently awarded financial aid and I am requesting to cancel my award(s). **Important:** I understand canceling my award may cause me to owe a balance. If the outstanding balance cannot be paid, this form will not be processed. Also, if you decline your Federal Pell award, and you are awarded Federal Supplemental Educational Opportunity Grant (FSEOG), your FSEOG award will no longer be available.

Award (Select All That Apply)

☐ Federal Grants (Pell/FSEOG) ☐ State Grants

☐ Scholarships ☐ Other _____

Semester (Select All That Apply)

☐ Fall 2025 ☐ Spring 2026 ☐ Summer 2026

Reinstate Award

☐ I would like to reinstate a previously cancelled award for the following terms:

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Semester (Select All That Apply)

☐ Fall 2025 ☐ Spring 2026 ☐ Summer 2026

Certification and Signature

By providing your signature you are stating that you understand any financial aid received in error should be returned to Central Piedmont Community College and your Financial Aid advisor should be notified immediately upon the receipt of funds. Failure to do so will result in owing the college back for the amount of funds received before future enrollment in registration and may result in an outstanding balance being sent to collections.

Student Signature: _____ Date: _____

Please provide your signature. If you are a dependent student, please also provide one parent's signature whose information is listed on your FAFSA. By providing signature(s), you are certifying that all of the information on this form is complete and correct. You are also authorizing Central Piedmont Community College to make corrections to your original and/or subsequent applications based on the documents you are now submitting.

Student Signature: _____ Date: _____

Contributor Signature (if needed): _____

Date: _____