CENTRAL PIEDMONT
COMMUNITY COLLEGE

Financial Aid Cancellation/ Reinstatement Form

Warning: As per federal regulations, 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: Phone Number:

Street Address (Include Apartment Number):

City: State: Zip Code:

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 requesting to cancel my financial aid award(s). Important: I understand canceling my award may cause me to owe a balance. Also, if you decline your Federal Pell Grant award, any awarded Federal Supplemental Educational Opportunity Grant (FSEOG) will no longer be available.

Award (Select All That Apply)

☐ Federal Grants (Pell/FSEOG) ☐ State Grants

☐ Scholarships ☐ Other _____

Semester (Select All That Apply)

☐ Fall 20___ ☐ Spring 20___ ☐ Summer 20___

Reinstate Award

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

Semester (Select All That Apply)

☐ Fall 20___ ☐ Spring 20___ ☐ Summer 20___

CENTRAL PIEDMONT
COMMUNITY COLLEGE

Certification and Signature

By providing your signature, you are stating that you understand that any financial aid received in error should be returned to Central Piedmont Community College and your Financial Aid advisor should be notified immediately upon receipt of funds. Failure to do so will result in you owing the college back for the amount of funds received before any future enrollment and may result in an outstanding balance being sent to collections. You are authorizing Central Piedmont Community College to make changes to your original and or subsequent financial aid award for the applicable semester(s).

Student Signature: _____ Date: _____

If you are a dependent student, please also provide one contributor's signature whose information is listed on your FAFSA.

Contributor Signature (if needed): _____ Date: _____