

CANCEL

## CANCELLATION FORM

(2018-2019 Academic Year)

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<b>CCC ID#</b>		<b>Last Name</b>				<b>First Name</b>				<b>MI</b>	
<b>Mailing Address</b>						<b>City</b>			<b>ST</b>	<b>Zip Code</b>	
<b>Telephone No. (include area code)</b>				<b>Email Address</b>							

Review and complete by checking one of the following boxes. Return the signed form to the Office of Student Financial Aid, only if you want to **CANCEL** your application for Federal Financial Aid at CCC for the 2018-2019 Academic Year. **Check only the box that applies to you.**

- I will not** be attending Coconino Community College during the following semester(s) and by checking the box(es) and signing below *I request that my Federal Financial Aid Application and Scholarships be cancelled. (Please check all semesters that apply.)*

Fall 2018
 Spring 2019
 Summer 2019
- I will** be attending Coconino Community College during the following semesters but have not completed my financial aid file and wish to have it cancelled. This will stop any further correspondence.
 

Fall 2018
 Spring 2019
 Summer 2019
- I have completed the Federal Financial Aid Application for the 2018 – 2019 academic year (includes Summer 2019). It has been determined that I am ineligible for federal and/or state funding. Please discontinue the processing of my file for Federal Financial Aid for the 2018 - 2019 academic year (includes Summer 2019). *If applicable, scholarship awards will not be cancelled.*

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

OSFA USE ONLY		
Aid cancelled for these semester(s):	Fall 2018 <input type="checkbox"/>	Processed by: _____ Date: _____
	Spring 2019 <input type="checkbox"/>	
	Summer 2019 <input type="checkbox"/>	