

CANCEL

CANCELLATION FORM

(2017-2018 Academic Year)

2800 S Lone Tree Rd • Flagstaff, AZ 86005-2701 • PH: 928-226-4219 • FAX: 928-226-4110 • finaid@coconino.edu

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

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 2017-2018 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 2017
 - Spring 2018
 - Summer 2018

- 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 2017
 - Spring 2018
 - Summer 2018

- I have completed the Federal Financial Aid Application for the 2017 – 2018 academic year (includes Summer 2017). 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 2017 - 2018 academic year (includes Summer 2018). *If applicable, scholarship awards will not be cancelled.*

Student Signature

Date

OSFA USE ONLY			
Aid cancelled for these semester(s):	Fall 2017	<input type="checkbox"/>	Processed by: _____ Date: _____
	Spring 2018	<input type="checkbox"/>	
	Summer 2018	<input type="checkbox"/>	