

2020-2021

DECLINE PELL GRANT FORM

PELL LIFETIME ELIGIBILITY USED. This form is only for students who choose **NOT** to receive their scheduled Pell award for 2020-2021. Please give careful consideration to the choice you make. This form is provided solely to document your choice NOT to receive Pell Grant in this award year.

STAFFINITIALS _____

STUDENT INFORMATION (Please print clearly in blue or black ink)

| | | |
|---------------------|---------------------|--------------------------|
| Student's Last Name | First Name | EMPLID |
| Street Address | City/State/Zip Code | (Area Code) Phone Number |

Read carefully: By completing this form, you are informing the Hostos Community College Financial Aid Office that you wish to **decline your 2020-2021 scheduled Pell Grant**. One reason may be to save some of your lifetime eligibility for transferring to complete a bachelor's degree. No recommendation is offered. This is solely your choice.

DEADLINE: This completed form must be returned to the Financial Aid Office at **least TWO** weeks prior to disbursement of financial aid for the term you wish to have adjusted. Requests made after you have received Pell funds CANNOT be honored.

The amount of Federal Pell Grant funds you may receive over your lifetime is limited by federal law to be the equivalent of **six years** of Pell Grant funding. Since the maximum amount of Pell Grant funding you can receive each year is equal to **100%**, the six-year equivalent is **600%**.

To review the percentage of funds you have received: Login to the **National Student Loan Data System (NSLDS)** website at www.nsls.ed.gov. You will need your social security number, birth date and Department of Education FSA ID.

Please initial and complete the action you wish to take:

- I would like to decline my Pell Grant for _____ semester; **or**
- I would like to decline my Pell Grant for the entire 2020-2021 academic year; **or**
- I previously declined my **2020-2021** Pell Grant but have changed my mind. Please remove the hold on my Pell Grant for _____ semester.

CERTIFICATION (Check one and sign)

- I hereby certify that my decision to decline my 2020-2021 Pell award, as initialed above is my decision alone.
- I hereby rescind my former decision to decline my 2020-2021 Pell award, as initialed above, in order to receive my Pell scheduled award

STUDENT SIGNATURE _____

DATE _____