

OFFICE OF FINANCIAL AID

120 East 149th Street, Rm DB-115 Savoy, Bronx, NY 10451 M. 718-518-6555 • F. 718-518-4430

2021-2022

DECLINE PELL AWARD FORM

PELL LIFETIME ELIGIBILITY USED. This form is only for students who choose **NOT** to receive their scheduled Pell award for 2021-2022. 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.

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

Student Name (Last Name, First Name):	
Home Address:	· · · · · · · · · · · · · · · · · · ·
Phone Number:	EMPL ID:
Read Carefully: By completing this form, you are Financial Aid Office that you wish to decline your may be to save some of your lifetime eligibility for No recommendation is offered. This is solely your	2021-2022 scheduled Pell Grant . One reason transferring to complete a bachelor's degree.
DEADLINE: This completed form must be return weeks prior to disbursement of financial aid for the made after you have received Pell funds CANNOT	e term you wish to have adjusted. Requests
The amount of Federal Pell Grant funds you may a law to be the equivalent of six years of Pell Grant Grant funding you can receive each year is equal	funding. Since the maximum amount of Pell
To review the percentage of funds you have receive FSA ID	g g
Please initial and complete the action you wish	n to take:
 I would like to decline my Pell Grant for I would like to decline my Pell Grant for the I previously declined my 2021-2022 Pell Grant for 	entire 2021-2022 academic year; or ant but have changed my mind. Please remove
CERTIFICATION (Check one and sign)	
 I hereby certify that my decision to decline my 202 alone. I hereby rescind my former decision to decline my receive my Pell scheduled award 	21-2022 Pell award, as initialed above is my decision / 2021-2022 Pell award, as initialed above, in order to
Signature:	Date:
OFFICIAL USE ONLY: STAFF INITIAL:	Date
OFFICIAL OSL ONLI. STAFF INITIAL.	Date: