

OFFICE OF FINANCIAL AID

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

2023-2024

DECLINE PELL AWARD FORM

PELL LIFETIME ELIGIBILITY USED. This form is only for students who choose **NOT** to receive their scheduled Pell award for 2023-2024. 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:
Financial Aid Office that you wish to	form, you are informing the Hostos Community College decline your 2023-2024 scheduled Pell Grant. One lifetime eligibility for transferring to complete a bachelor's ed. This is solely your choice.
	nust be returned to the Financial Aid Office at least TWO cial aid for the term you wish to have adjusted. Requests and CANNOT be honored.
law to be the equivalent of six years	nds you may receive over your lifetime is limited by federal of Pell Grant funding. Since the maximum amount of Pell year is equal to 100% , the six-year equivalent is 600% .
To review the percentage of funds you FSA ID	ou have received log into StudentAid.gov. You will need your
Please initial and complete the act	ion you wish to take:
I would like to decline my PellI previously declined my 2023.	Grant forsemester; or Grant for the entire 2023-2024 academic year; or -2024 Pell Grant but have changed my mind. Pleasesemester.
<u>CERTIFICATION</u> (Check one and sign)	
 I hereby certify that my decision to alone. 	decline my 2023-2024 Pell award, as initialed above is my decision
	on to decline my 2023-2024 Pell award, as initialed above, in order to
Signature:	Date:
OFFICIAL LISE ONLY: STAF	FINITIAL: Date: