Financial Aid Application Cancellation Request
2015-2016

Student’s University ID: □□□□□□□□□□ or SIS ID: □□□□□□□□□

Student’s Full Name: ____________________________________________
(LEGAL NAME - PRINT) first middle last

Instructions for the Student
Complete the appropriate section of this form if you wish to do one of the following:

1. Section 1 – Cancel your application for ALL financial aid, excluding Athletic Grants-in-Aid.
2. Section 2 – Cancel your application only for STATE AND INSTITUTIONAL need-based financial aid (e.g., grants).
3. Section 3 – Cancel your application only for Direct Subsidized or Unsubsidized Direct Loans because you want only a Direct Parent PLUS Loan.

If you are selected for federal verification, you may not be awarded federal financial aid (Federal Pell Grant and/or Federal Direct Loans) without completing verification. Verification requires the submission of the CSS PROFILE/University Financial Aid Application, certain tax documents, and possibly additional forms.

Any outside scholarships you have been awarded and reported to our office will not be affected by this request. DO NOT use this form if you wish to request a change in the amount of one of your awards (such as loans or Federal Work-Study). To request an increase or decrease to your existing awards, please use either the Financial Aid Change Form – Increase, or the Financial Aid Change Form – Decrease, available at http://sfs.virginia.edu/forms.

Section 1
☐ Cancel my application for ALL financial aid (e.g., Federal Loans, University Grants).
☐ Fall/Spring ☐ Fall only ☐ Spring only

By signing below, I acknowledge that I am forfeiting my eligibility for the Federal Pell Grant for this academic year and that this award may not be available once the award year is over.

STUDENT’S SIGNATURE______________________________________________________ Date____________________

Section 2
☐ Cancel my application only for STATE AND INSTITUTIONAL need-based financial aid (e.g., University Grants).
☐ Fall/Spring ☐ Fall only ☐ Spring only

STUDENT’S SIGNATURE______________________________________________________ Date____________________

Section 3
☐ Cancel my application for Direct Subsidized or Unsubsidized Federal Student Loans because I want only a Direct Parent PLUS Loan.
☐ Fall/Spring ☐ Fall only ☐ Spring only

STUDENT’S SIGNATURE______________________________________________________ Date____________________

Note: Once this document has been signed, it must be returned to Student Financial Services using the address or fax information provided above. Please mail OR fax this form (please do not do both). Processing of this form may take up to 10 business days from receipt by our office.

CNCL 4/2/15