



2014-2015 Request to Cancel Pell Grant Only

Student Name: _____ Student ID: _____

This form is to be used for students who wish to cancel their Pell Grant Only at Southwestern College (SWC).

I authorize SWC to cancel my Pell Grant for the following semesters (select all that apply):

- ☐ Fall 2014
- ☐ Spring 2015
- ☐ Summer 2015

For the following reasons:

- ☐ I have ceased enrollment at SWC, and will be attending another institution for the 2014/2015 academic year.
- ☐ I will receive my Pell Grant at another institution, but still take classes at SWC for the 2014-2015 academic year.
- ☐ I no longer wish to receive any Pell Grant from SWC.

I understand the terms of this document. I understand that if I request to cancel my Pell Grant for a term which I have already been paid Pell Grant I will owe that money back to Southwestern College (SWC) I understand that if I receive Pell Grant at more than one institution for the same period I will have to repay a portion, or all of my Pell Grant.

Student Signature: _____ Date: _____

Do not mail this form to the U.S. Department of Education. Submit this worksheet to the Financial Aid Office at Southwestern College. You should make a copy of this worksheet for your records.