

Decline Financial Aid

Student Name: _____

Student ID: M _____ Award year: 20____ -20_____

Semester (circle one): Fall Spring Fall and Spring

I, _____ decline the following financial aid award(s) offered to me for this award year. I am aware that once declined, some of these funds may deplete and therefore may become unavailable for repackaging should I choose to request them in the future.

_____ **Federal Direct Un-Subsidized Loan**

_____ **Federal Direct Parent PLUS Loan**

_____ **Federal Direct Subsidized Loan**

_____ **Federal Work Study Grant**

_____ **New York State Tuition Assistance Program Grant (TAP)**

Student signature: _____ Date: _____

Parent signature (if PLUS loan): _____ Date: _____