

**STUDENT SIGNATURE** 

## **OFFICE OF FINANCIAL AID**

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

## 2020-2021

## **DECLINE PELL GRANT FORM**

**PELL LIFETIME ELIGIBILITY USED.** This form is only for students who choose **NOT** to receive their scheduled Pell award for 2020-2021. 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.

|   |                                |              | STAFFINITIALS              |  |
|---|--------------------------------|--------------|----------------------------|--|
| STUDENT INFORMATION (Please print clearly in blue or black ink)   |                                |              |                            |  |
|   |                                |              |                            |  |
| Student's Last Name   | First Name                     | EN           | EMPLID                     |  |
|   |                                |              |                            |  |
| Street Address  | City/State/Zip Code            | (A           | rea Code) Phone Number     |  |
| <b>Read carefully:</b> By completing this form, you are informing the Hostos Community College Financial Aid Office that you wish to <u>decline your 2020-2021 scheduled Pell Grant</u> . One reason may be to save some of your lifetime eligibility for transferring to complete a bachelor's degree. No recommendation is offered. This is solely your choice. |                                |              |                            |  |
| <b>DEADLINE:</b> This completed form must be returned to the Financial Aid Office at <b>least TWO</b> weeks prior to disbursement of financial aid for the term you wish to have adjusted. Requests made after you have received Pell funds CANNOT be honored.  |                                |              |                            |  |
| The amount of Federal Pell Grant funds you may receive over your lifetime is limited by federal law to be the equivalent of <b>six years</b> of Pell Grant funding. Since the maximum amount of Pell Grant funding you can receive each year is equal to <b>100%</b> , the six-year equivalent is <b>600%</b> .   |                                |              |                            |  |
| To review the percentage of funds you have received: Login to the <b>National Student Loan Data System (NSLDS)</b> website at <a href="www.nslds.ed.gov">www.nslds.ed.gov</a> . You will need your social security number, birth dateand Department of Education FSA ID.  |                                |              |                            |  |
| Please initial and complete the action you wish to take:  |                                |              |                            |  |
| <ul> <li>I previously declined</li> </ul>   | e my Pell Grant for the entire | ut have chan | ged my mind. Please remove |  |
| CERTIFICATION (Check or   | ne and sign)                   |              |                            |  |
| <ul> <li>I hereby certify that my decision to decline my 2020-2021 Pell award, as initialed above is my decision alone.</li> <li>I hereby rescind my former decision to decline my 2020-2021 Pell award, as initialed above, in order to receive my Pell scheduled award</li> </ul>   |                                |              |                            |  |

**DATE**