

2018-2019 Aid Cancellation Form

Financial Aid Office
121 Oswald Bldg. / 470 Cooper Drive
Lexington, KY 40506
Phone: 855-246-2477
Fax: 859-246-4698
Bluegrass-financialaid@kctcs.edu

Name: _____	PeopleSoft ID: 00
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I hereby request that my financial aid be canceled for the following session(s) . . . (check one)

Fall **only** Spring **only** Fall and Spring Summer I Summer II Summer I & II

I hereby request the following financial aid program(s) be canceled. (check all that apply)

PELL grant CAP grant SEOG grant KEES
 Direct Subsidized Loan Direct Unsubsidized Loan Federal Work Study
 PLUS Loan Alternative/Private Loan Cancel **ALL** my financial aid

Have you totally withdrawn from class? YES NO

If you have totally withdrawn when was your last date of attendance _____

I am canceling my aid for the following reason(s) . . .

I am transferring to another school.

New school's name: _____

I am not or will not be attending Bluegrass Community & Technical College.

I no longer wish to receive the aid.

Other: _____

Check here if you are returning a refund check

Student signature (required)

Date

Parent signature (required for PLUS loan cancellation)

Date

