



Angelina College

Office of Financial Aid

2024 – 2025 Financial Aid and Scholarship Cancellation Request

Please complete all information for identification purposes:

Last Name:	First Name:	Middle Initial:
Student ID:	SSN:	Phone number:
I wish to cancel the following aid:		For the following term(s):
<input type="checkbox"/> All Aid		<input type="checkbox"/> Fall 2024
<input type="checkbox"/> Federal Grants (Pell, FSEOG)		<input type="checkbox"/> Spring 2025
<input type="checkbox"/> Angelina College Scholarships		<input type="checkbox"/> Summer 2025
<input type="checkbox"/> Outside Scholarships		<input type="checkbox"/> Entire Year

I am cancelling my aid for the following Reason(s):	<input type="checkbox"/> No Longer Attending Classes	<input type="checkbox"/> Personal/Family Reasons
	<input type="checkbox"/> Medical Reasons	<input type="checkbox"/> Other
	<input type="checkbox"/> Transferring to _____ (Institution)*	

*If you are transferring to another institution, you MUST update your FAFSA to include the other institution’s school code, and follow up with that school to make sure that all required documents are in place. Angelina College does not “transfer” your aid or scholarships to another school.

By signing below, I UNDERSTAND THAT CANCELLING MY FINANCIAL AID DOES NOT WITHDRAW ME FROM MY CLASSES OR KEEP ME FROM BEING RESPONSIBLE FOR ANY FUNDS OWED BY ME TO ANGELINA COLLEGE. I UNDERSTAND THAT I MUST SEE MY ACADEMIC ADVISOR TO WITHDRAW FROM CLASSES. If I decide to return to Angelina College during the 2024 -2025 academic year, I understand that I must submit a request in writing to have my aid restored, if I remain eligible for aid or scholarships.

Signature:		Date:	
------------	--	-------	--