College of St. JOSEPH in Vermont

Award Declination Form

2011-2012

Complete this form ***only if you wish to decline all or a portion of the financial aid offered to you***. If you do not return this form, we will assume that you accept your financial aid offer.

Student: _____ **Last four digits of SSN**: xxx-xx-_____

Check one:

☐ I will not attend the school named above during the 2011-2012 academic year.

☐ I wish to decline ALL the financial aid offered to me.

☐ I wish to decline/revise a portion of the financial aid offered to me as requested below.

Enter a revise award amount and/or check off the term(s) to decline the full amount award by semester.

Award to revise/decline	**Enter** * New requested amount	**Check-off** Term to decline full amount
Federal Stafford Subsidized Loan	Fall $_____ Spring $_____	□ Fall □ Spring □ Summer
Federal Stafford Unsubsidized Loan	Fall $_____ Spring $_____	□ Fall □ Spring □ Summer
Federal Perkins Loan	Fall $_____ Spring $_____	□ Fall □ Spring □ Summer
Federal Work Study	Fall $_____ Spring $_____	□ Fall □ Spring □ Summer
CSJ Work Scholarship	Fall $_____ Spring $_____	□ Fall □ Spring □ Summer
Other:_____	Fall $_____ Spring $_____	□ Fall □ Spring □ Summer
Other_____	Fall $_____ Spring $_____	□ Fall □ Spring □ Summer

*** Must be *less than* the amount offered. You may use the reverse side of this form to explain your request.**

Signature: _____ Date:_____

Submit to: College of St. Joseph
Financial Aid Office
71 Clement Rd
Rutland, VT 05701
Ph: 802-776-5262

or Fax: 802-776-5275