



DECLINATION OF SUMMER PELL GRANT

Name: _____ ID _____

_____ I would like to decline my Summer _____ Pell Grant in order to preserve my eligibility for a future academic term. I understand that these funds may not be available at a later date. I understand that there is no guarantee of eligibility in future years and unused funds cannot be awarded retroactively after the academic year ends.

I also understand that the College cannot award additional funds to replace the declined Pell.

Student Signature _____ Date _____

fax: (845) 257-3568
email: fao@newpaltz.edu
submit on campus: HAB603

mail: Financial Aid Office - 200 Hawk Dr - New Paltz NY - 12561