

Return to:
Ohlone College
Financial Aid Office
Building 7, 2nd Floor
43600 Mission Blvd.
Fremont, CA 94539
510-659-7309 (Fax)
financial_aid@ohlone.edu



REQUEST TO DECLINE OR RETURN PELL GRANT FUNDS

Effective July 1, 2012, students are limited to 600% (6 Full-Time equivalent years) of Pell Grant eligibility in a LIFETIME. Pell payments are added together for all colleges attended anywhere. If you would like to decline or return all or part of your Pell refund **within the same academic year**, please complete the following:

I already have used _____ % out of 600% of Lifetime Pell Eligibility as of _____ (today date), according to the Department of Education's Pell Grant records on the National Student Loan Data System (<http://www.nsls.ed.gov>).

This leaves me with _____ % of remaining eligibility or approximately _____ full-time equivalent years.

Please initial your choice of action and sign at the bottom:

____ I would like to put my Pell grant on hold for the Fall 20____, Spring 20____, and/or Summer 20____. I understand that there is no guarantee the fund will be available whenever I want to receive it; and I must meet all Pell Grant Eligibility Criteria in order to receive my grant in the future.

____ I would like to return \$_____ of Pell refund I received in Fall 20____, Spring 20____, and/or Summer 20____. I understand that there is no guarantee the fund will be available whenever I want to receive it; and I must meet all Pell Grant Eligibility Criteria in order to receive my grant in the future.

____ I have changed my mind and request that my Pell Grant decline be revoked for the Fall 20____, Spring 20____, and/or Summer 20____ (must be within the same academic year).

Student Name: _____ ID # _____

Student Signature: _____ Date: _____

For Financial Aid Office use only:

Processed: YES Processor Initial _____ Date _____

Comments: _____