

_____ G00 _____
Last Name First Name M.I. Student ID #

_____ Phone _____
Mailing Address (including City, State, and Zip)

Requesting a Decrease of Loan(s):

- I want to decrease my *Subsidized Loan* by \$ _____ for the term:
 Fall Spring Summer
- I want to decrease my *Unsubsidized Loan* by \$ _____ for the term:
 Fall Spring Summer
- My parent(s) and I want to decrease the PLUS loan by \$ _____ for the term:
 Fall Spring Summer

Requesting a Cancellation of Loan(s):

- I want to cancel my *entire current loan* for the term:
 Fall Spring Summer
- I want to cancel *only the Unsubsidized portion* of my loan for the term:
 Fall Spring Summer
- My parent(s)/I want to cancel the entire PLUS loan for the term:
 Fall Spring Summer
- My parent(s)/ I want to cancel only the portion of the PLUS loan for the term:
 Fall Spring Summer

Requesting a Decrease or Cancellation of Federal Work Study:

- I want to reduce my Federal Work-Study by \$ _____.
- I want to cancel my Federal Work Study.

Declining ALL Financial Aid:

- I decline ALL Financial Aid awards for: Fall Spring Summer

Reinstatement of ALL Financial Aid:

- I accept ALL Financial Aid awards for: Fall Spring Summer

Title IV Authorization:

- I **DO** authorize the State College of Florida to use my federal Financial Aid to pay for charges I make at the SCF Bookstore.
- I **DO NOT** authorize the State College of Florida to use my federal Financial Aid to pay for charges I make at the SCF Bookstore.

Student Signature: _____ **Date:** _____

Parent Signature: _____ **Date:** _____

(Required for PLUS loans only)

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