



2024-2025 Financial Aid Office

Financial Aid Declined Request

First Name: _____ Last Name: _____ EPCC ID: _____

I wish to decline my financial aid award at El Paso Community College for the following:

Options Available:

1. ____ **2024-2025 School Year.** I understand that by selecting this option, I am canceling all my eligible funds, including paid-out amounts. This includes Fall 2024, Spring 2025, and Summer 2025.

2. ____ **One or more Semesters but not all:**

____ Fall 2024

____ Spring 2025

____ Summer 2025

I understand that if I return to El Paso Community College during the 2024-2025 school year, I must contact the Financial Aid Office to reactivate my financial aid. Failure to do so will result in delays in my financial aid packaging.

Student Signature

Date

You may email the form to Financial.Aid@epcc.edu.

"The El Paso County Community College District does not discriminate on the basis of race, color, national origin, religion, gender, age, disability, veteran status, sexual orientation, or gender identity"

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