



FINANCIAL AID AWARD DECLINATION FORM 2013-2014

Student's Name: _____

Social Security No.: _____ Email address: _____

Current Local Address: _____
Street *Apt. #*

City *State* *Zip Code*

Local Telephone No.: _____ Cellular Telephone No.: _____

Please review your financial aid award package on the BC Webportal, channel "Registration Information" located on the "Home" tab, "View My Financial Aid/Awards". Use this form to DECLINE an award(s). If you choose to only decline a portion of an award, please list the amount you wish to decline below and indicate the term. For the entire year indicating the full award amount for the year is sufficient - no term required.

AWARD	DECLINE AMOUNT	TERM
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

RETURN THIS NOTICE IF YOU ARE DECLINING AN AWARD ONLY

SIGNATURE	DATE
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Completed forms may be submitted via email to finaid@brooklyn.cuny.edu, via fax or submitted in person to the Enrollment Services Center (ESC) located in the Lobby of the West Quad Center.