



Office of Financial Aid
P. O. Box 1470 Hawkins, TX 75765-1470
Office (903) 730-4890 Fax (903) 730-4891
www.jarvis.edu

Financial Aid Cancellation Form

This form is used to cancel your financial aid processing for the academic year or specific semester. This information will be forwarded to other offices on campus as necessary.

Name: \_\_\_\_\_ ID#: \_\_\_\_\_ SSN: \_\_\_\_\_

Please cancel: (Check the appropriate box)

- Checkboxes for: All Financial Aid, All Student Loans, Subsidized Loan, Unsubsidized Loan, Parent PLUS Loan, Perkins Loan

For the following semester(s): [ ] Fall 20\_\_\_\_ [ ] Spring 20\_\_\_\_ [ ] Summer 20\_\_\_\_

Reason (please indicate)

Transferring to: \_\_\_\_\_

Other: \_\_\_\_\_

By signing below, I understand that canceling my financial aid does not withdraw me from my classes or keep me from being responsible for any monies owed by me to Jarvis Christian College. I understand that I must following the proper withdrawal procedures in order to withdraw from classes.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_