

Office of Financial Aid PO Box 8000 Graham, NC 27253 Phone: 336.506.4340| Fax: 506.422.4264 financialaid@alamancecc.edu

## 2025- 2026 Pell Grant Reduction/Cancellation Request

Student Name:	ACC Student ID #:
limit as the equivalent of six years of full-time enrollr lifetime eligibility to use; up to 12 semesters or it's e student can receive each academic year equals 100%,	ant a student may receive. A federal law has set the lifetime ment. Therefore, a student has 600% maximum Pell Grant quivalent. The maximum amount of Pell Grant funding a but can extend to 150% due to the YearRound Pell Grant eligible to receive the Pell Grant in excess of 100% of the must be enrolled at least half time.
	I Grant funds within the academic year in order to preserve . Any declined or returned Pell Grant funds may not be closed.
·	Pell Grant funds, you must submit this completed form to t funds may be cancelled, reduced or returned within the
Please select one of the following options:	
Cancel my Pell Grant for the entire 2025-2026 a	·
	Fall 2025 Spring 2026 Summer 2026
Reduce my Pell Grant to \$	Fall 2025 Spring 2026 Summer 2026
Student Certification	
understand that any declined or returned funds may	returning Pell Grant funds for which I am eligible for. I not be available to me once the academic year is closed. ble for Pell Grant in the future as eligibility is determined or Federal Student Aid (FAFSA).
Student's Signature	Date: