



**Office of Financial Aid**  
Room U-201  
P: 718.368.4644  
F: 718.368.4656  
finaid@kbcc.cuny.edu

Kingsborough Community  
College  
Of The City University of New  
York  
2001 Oriental Boulevard  
Brooklyn, New York 11235

## **FINANCIAL AID AWARD DECLINATION FORM**

You must sign this form and return it to the Financial Aid Office **ONLY** if you wish to decline the award offered on your award letter, otherwise your awards will be accepted automatically. **It is your responsibility to notify the Financial Aid Office of any additional changes in writing.**

I am declining the award even though I am entitled to it

Type of Award	Amount	Term	Initials

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***By signing this form, you are acknowledging that you understand the terms and conditions on your award letter and any additional conditions that may apply to your Financial Aid Awards based on federal regulation while attending Kingsborough Community College.***

***Student Name  
(print):*** \_\_\_\_\_

***EMPLID #:*** \_\_\_\_\_

***Student  
Signature:*** \_\_\_\_\_

***Date:*** \_\_\_\_\_