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| CPTC Logo | **COMPLETE AND RETURN TO:**  4500 Steilacoom Blvd. SW Bldg 17, Room 130  Lakewood, WA 98499-4004  **School Code: 015984: www.cptc.edu/financial-aid/portal**  253.589.5660 office 253.589.5618 fax  Email: finaid@cptc.edu |

# **STUDENT AID & SCHOLARSHIPS**

# **REQUEST TO REVISE STUDENT AID AWARD 2024-2025**

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

(Please print)

**SSN/STU ID**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Daytime phone # :**(\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## **ENROLLMENT: \* (see note below)**

* **Award eligible financial aid for SUMMER Quarter as I am now enrolled.**
* Change of enrollment level: I am enrolled for \_\_\_\_\_\_\_\_\_\_\_ (# of credits) for the following quarter:

( ) Summer Quarter ( ) Fall Quarter ( ) Winter Quarter ( ) Spring Quarter

***NOTE****: If your aid is reduced as a result of your enrollment level, and you later increase your enrollment level, your aid will only be adjusted upward if the increase in your enrollment level occurs prior to the 10th day of the quarter.*

* I will **not attend** for the following quarter: Please cancel award(s) for quarter(s) listed **only** as I plan to return/enroll for the following quarter(s).

***NOTE***: Withdrawing from classes must be done at the Enrollment Services Office or online by the student.

( ) Summer Quarter ( ) Fall Quarter ( ) Winter Quarter ( ) Spring Quarter

* **Reissue** my financial aid award for the following quarter(s) as I am now enrolled:

( ) Summer Quarter ( ) Fall Quarter ( ) Winter Quarter ( ) Spring Quarter

* Cancel **all** of my remaining 2024-2025 financial aid funds.
* Please **reduce** my cost of attendance budget to reflect my lower housing expenses.

***\*****I understand that if I have a student loan and take* ***less than 6 credits*** *in any quarter or take a quarter off, my loan will be cancelled for that quarter and will have to be re-certified for any future quarters, which may cause delays.*

## **WORKSTUDY: \*\* (Note *-*** *Awards may only be adjusted by whole dollar amounts.***)**

* I would like to request a Work Study award for the 2024-2025 academic year.
* Reduce my work study by $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_equally between all quarters.
* **Cancel** my work study award for the following quarter(s):

( ) Summer Quarter ( ) Fall Quarter ( ) Winter Quarter ( ) Spring Quarter

* Reduce my work study by $  **\_\_\_AND** replace it with eligible loan funds equally between all quarters.

## **LOANS: \*\* (Note *-*** *Awards may only be adjusted by whole dollar amounts.***)**

* Reduce my total **subsidized** loan to $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and/or total **unsubsidized** loan to $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
* Reduce my loan by $ \_\_\_\_\_\_\_\_\_\_\_**AND** replace it with work study funds for the following quarter(s):

( ) Summer Quarter ( ) Fall Quarter ( ) Winter Quarter ( ) Spring Quarter

* Cancel **all** of my **unsubsidized** loan ONLY.
* Cancel **all** of my loan funds for following quarter(s):

( ) Summer Quarter ( ) Fall Quarter ( ) Winter Quarter ( ) Spring Quarter

Comments:

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

Clover Park Technical College does not discriminate on the basis of race, color, national origin, age, perceived or actual physical or mental disability, pregnancy, genetic information, sex, sexual orientation, gender identity, marital status, creed, religion, honorably discharged veteran or military status, or use of a trained guide dog or service animal. For inquiries please contact **Title IX coordinator** James Neblett, Associate Vice President for Human Resources & Culture, 253-589-5533, [james.neblett@cptc.edu](mailto:james.neblett@cptc.edu); or **Section 504/disability coordinator** Melissa Medina, Manager of Student Disability Services, 253-589-5755, [melissa.medina@cptc.edu](mailto:melissa.medina@cptc.edu). All offices are located in Building 17, 4500 Steilacoom Blvd SW, Lakewood, WA 98499.

## **Office Use Only:**

Initials of person processing form: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Quarter(s) financial aid adjusted to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Packaging Plan Reduced to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Budget Reduced to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Quarter(s) W/S offer awarded/canceled/adjusted (circle one) for: SUMMER FALL WINTER SPRING

Quarter(s) Loan awarded/canceled/adjusted (circle one) for: SUMMER FALL WINTER SPRING

30 day delay moved to following quarter: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1 quarter loan sheet: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email to Loan Coordinator to award/cancel/adjust (circle one) loan: SUMMER FALL WINTER SPRING

Award 2nd Sub Loan and/or 2nd Unsub Loan: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Track ECP036 - Let student aid & scholarships know when you have registered for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ quarter.