

OFFICE OF FINANCIAL AID AND VETERANS AFFAIRS

1011 PAGE ST. • TROY, NC 27371 • (910) 898-9600 • FAX: (910) 576-2176 Federal School Code – 008087 · https://www.montgomery.edu/financial-aid

2024-25 Cancellation of Authorization to Apply Financial Aid

Please use this form to cancel authorization to have financial aid funds pay for allowable charges such as tuition, fees, books and supplies

Student's Name (Last, First, Middle) (Maiden)		MCC School ID (Required)	
Current Mailing Address			
	City	State	Zip Code
Home Phone: ()	Work Phone: ()	Cell :(_)
Date of Birth/ Personal Em	nail:	MCC Email:	
Please indicate the semester you are appealing: NOTE: This form is only applicable for other,	FALL 2024 one term at a time. If you you must complete a sep		SUMMER 2025 nme process in a future
Cancellation Statement_			
I understand that by submitting this form I am authorization to apply financial aid funds to co	. •		
I understand that MCC charges not paid by the the cancellation of classes. Furthermore, I undaid funds have been removed will be my response.	derstand that any education	•	•
I understand that this notification must be provunderstand that this cancellation is not retroacharges were incurred before this form is received charges.	tive—it takes effect on the	date that the school recei	ives it. If authorized
My signature confirms that I have read and un current information.	derstood all instructions a	nd that I have provided ac	curate, complete, and
Student's Signature:		Date:	

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