



**Office of Financial Aid**

**FAFSA Declination Form**

_____	_____	_____
Date	Student ID #	Academic Year
_____	_____	_____
Last name	First name	MI
_____		
Phone number/extension		

By signing below, I waive my right to complete the Free Application for Federal Student Aid (FAFSA) and understand that I will not be eligible to receive any college aid or loans from Providence Christian College. I am, however, still eligible to receive specified grants or scholarships that I qualify for.

_____	_____
Student Signature	Date
_____	_____
Admissions/Financial Aid Signature	Date