



**ESSEX COUNTY COLLEGE
OFFICE OF FINANCIAL AID
AUTHORIZATION TO DECLINE PELL GRANT FUNDS**

NOTE: If you are utilizing an Unemployment Waiver, you cannot opt-out or decline PELL funds.

I, acknowledge receiving notification of my eligibility for the Pell Grant Program from the Office of Financial Aid at Essex County College. **However, I am voluntarily electing to “decline” my Pell Grant funds for the semester/term indicated below.** Further, by declining or not using the funds for the semester/term indicated, I hereby waive by eligibility to have the funds awarded charged to my tuition, fees and books (if applicable) for the period indicated.

By signing this form I acknowledge and agree I will be responsible for any outstanding charges on my account for the semester/term. I understand that ECC cannot guarantee the availability for these funds later during the applicable Academic Year, if there are any changes to federal regulations for receiving the Pell Grant funds. **Additionally, I will not be able to withdraw my agreement once this authorization has been received by the Office of Financial Aid at Essex County College.**

Authorization:

I certify that I understand the conditions and terms of declining my Pell Grant and I am declining the Pell Grant funds for the semester/term(s) indicated below (student must fill in correct year):

- Summer II, 20_____
- Fall 20_____
- Spring 20_____
- Summer I, 20_____

Student Name (Print): _____ **Student ID Number:** _____

Student Signature: _____ **Date:** _____