

REQUEST TO DECLINE BRIGHT FUTURES SPRING AWARD

Name: _____	UCF ID: _____
E-mail Address: _____	Phone #: _____

Read and initial each statement below:

____ I understand that this request will result in the cancellation of the entire Bright Futures award for the spring term and that no partial awards will be granted.

____ I understand that I am fee liable for all charges not covered by financial aid awards other than Bright Futures.

____ I understand that I must pay any balance due by the fee payment deadline published on the UCF Academic Calendar for the spring term.

____ I understand this request will result in the cancellation of my Bright Futures award for the spring term despite eligibility and enrollment.

____ I understand that if I change my mind that there is no guarantee that the award can be reinstated.

____ I understand that this request will not be processed if my award has already been disbursed to my student account.

Student's signature _____ **Date** _____

***Please note that all statements must be initialed and the form must be signed in order for this form to be processed. The deadline is January 17, 2017.**