

Financial Aid Office

El Camino College (ECC) - 16007 Crenshaw Blvd. ◆ Torrance, CA 90506 **☎**1-310-660-3493 ◆ ■ www.elcamino.edu *ECC Compton Center* (COM) - 1111 E. Artesia Blvd., E-17 ◆ Compton, CA 90221 **☎**1-310-900-1600 x 2935 ◆ ■ www.compton.edu

Financial Aid Decline Form

Date:/		
ECC ID:		
Please Print I, (First Name)	(Last Name)	am declining financial aid.
What semester(s) are you de	clining financial aid? Check a	applicable box/es.
☐ Fall 20 ☐ Spring 20 ☐ Summer 20		
Check the type of financial ai Federal Pell Work-Study Cal Grant	d that you do not want to rece	eive.
Write a brief statement expla	ining the reason you are decli	ning financial aid:
Signature:		Date: