

2018-2019 Authorization to Decline Pell Grant Form

| Student Name: | GCU Student Number: |
|--|---|
| I,, (name of student), wo for which I am eligible to receive. I understand that the the 2018-2019 award year is over. I understand 2018-2019 Award Year is 150% of the Pell Grant amounts. | nese funds may not be available once that the maximum eligibility for the |
| Student Signature: | Date: |

HANDWRITTEN SIGNATURES REQUIRED - TYPED/ELECTRONIC SIGNATURES NOT ACCEPTED