

## 2024-2025

Arizona Western College

Office of Financial Aid financialaid@azwestern.edu Phone (928) 344-7634 FAX (928) 317-6420

## STUDENT INFORMATION UPDATE FORM

Student Information	
Student Name (please print clearly)	AWC ID
Date of Birth	Home/Cell Phone
Cancel Financial	Aid Awards
☐ Please cancel all financial aid awards. This includes loan Study. (Check all semesters that apply)	s, grants, scholarships, waivers and Federal Work
Fall 2024 Spring 2025 Spring 2025	Summer 2025
Are you going to withdraw from AWC for the terms indicate	ed above? Yes No No
Will you be returning during this academic year (including s	summer)? Yes No No
Re-instatement/En	rollment Changes
☐ Please re-award for: ☐ Fall 2024 ☐ Spr	ring 2025 Summer 2025
Please change my anticipated credit hours to the amounts financial aid has not been received for the semester. If hours cancelled or reduced.	•
hours, Fall 2024 hours, Spring 2025	hours, Summer 2025
Loan Adjustment	ts/Cancellations
☐ Please ADJUST my loan. (Identify the loan types, amo -OR-☐ Please CANCEL my loan. (Identify the loan types, and for cancellations)	ounts and semesters to be adjusted below) d semesters to be cancelled below; amounts not needed
☐ Subsidized Federal Stafford Loan ☐ Fall 2024 ☐ Spring 2025 ☐ Summer 2	2025 Awarded amount \$ change to \$
☐ Unsubsidized Federal Stafford Loan ☐ Fall 2024 ☐ Spring 2025 ☐ Summer 2	2025 Awarded amount \$ change to \$
☐ Please re-award for ☐ Fall 2024 ☐ Spr	ing 2025 Summer 2025
Student Signature	Date