

2025-2026  
REQUEST TO CANCEL AID

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**Student Name:** \_\_\_\_\_ **ICC ID:** \_\_\_\_\_

This form is to be used by students who wish to cancel their financial aid at Independence Community College.

**I authorize ICC to cancel my financial aid for the following semesters (select all that apply):**

\_\_\_\_\_ Fall 2025

\_\_\_\_\_ Spring 2026

\_\_\_\_\_ Summer 2026

**For the following reasons:**

\_\_\_\_\_ I have ceased enrollment at ICC, and will be attending another institution for the 25/26 academic year.

\_\_\_\_\_ I will receive my aid at another institution, but will still take classes at ICC for the 25/26 academic year.

\_\_\_\_\_ I no longer wish to receive any financial aid from ICC

By signing this form, I agree to the following:

- I understand that if I request to cancel financial aid for a term in which I have already been refunded aid, I will owe that money back to ICC.
- I understand that if I ask to cancel aid that previously paid for coursework, I will owe the balance due for that coursework.
- I understand that if I receive aid at more than one institution for the same period I will have to repay some or all of my financial aid at one of the institutions.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please submit to any ICC Financial Aid Office or mail to:**

**Independence Community College  
Financial Aid and Scholarships  
3744 County Road 4000  
Independence, KS 67301**