

**Howard University Office of Financial Aid, Scholarships and Student Employment**  
**2400 Sixth Street, N.W., Suite 205, Washington, DC 20059**  
**FINANCIAL AID AWARD DECLINATION FORM**  
**2005-2006**

Student Name: \_\_\_\_\_ HU ID No.: \_\_\_\_\_

Social Security No.: \_\_\_\_\_ Email address: \_\_\_\_\_

Current Local Address: \_\_\_\_\_  
*Street* *Apt. #*

\_\_\_\_\_ *City* *State* *Zip Code*

Local Telephone No.: \_\_\_\_\_ Mobile Telephone No.: \_\_\_\_\_

Please review your financial aid award package on BisonWeb. Use this form to DECLINE an award. If you choose to only decline a portion of an award, please list the amount you wish to decline.

AWARD	DECLINE AMOUNT
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

If you are receiving other financial assistance not listed in this award package (i.e., tuition benefits, fellowships, stipends, VA benefits), please write the source and amount of the assistance below and return this notice to the Office of Financial Aid.

SOURCE	AMOUNT
_____	_____
_____	_____

**RETURN THIS NOTICE IF YOU ARE DECLINING AN AWARD**

<b>SIGNATURE</b>	<b>DATE</b>
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