



2025-26 Financial Aid Award Request Form

The purpose of this form is to request an adjustment to an existing federal Pell grant, federal Subsidized and/or Unsubsidized loan. Please submit the completed form to the Financial Aid Office. Reinstatement/request for an increase of federal student loans are subject to Cost of Attendance, annual loan limits, etc.

SECTION A: Student Information

Name: _____ Student ID Number: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Primary Phone: _____ Graduating: ☐ Fall 2025 ☐ Spring 2026

SECTION B: Request to adjust federal student loan amount

If multiple terms are selected, disbursements will be equally split. If one term is selected it will be split into two disbursements.

Please indicate the semester(s) for the adjustment: ☐ Fall 2025 ☐ Spring 2026 ☐ Summer 2026
☐ Cancel my: ☐ Unsubsidized Loan ☐ Subsidized Loan ☐ Both Subsidized & Unsubsidized
☐ Request Reinstatement for a loan(s) I rejected:
☐ Unsubsidized Loan ☐ Subsidized Loan ☐ Both Subsidized and Unsubsidized
☐ Reduce my: ☐ Unsubsidized Loan to: \$ _____ ☐ Subsidized Loan to: \$ _____
☐ Request an additional loan for: \$ _____ Financial Aid will accept your additional loan per this request.

SECTION C: Not attending

Cancel all aid: ☐ Fall 2025 ☐ Spring 2026 ☐ Summer 2026

Please note: students cannot exceed the following annual loan limits.

Annual Loan Limit	Dependent Students	Independent Students
First-Year (Less than 30 credit hours)	\$5,500 — No more than \$3,500 of this amount may be in subsidized loans.	\$9,500 — No more than \$3,500 of this amount may be in subsidized loans.
Second-Year (30 credit hours or more)	\$6,500 — No more than \$4,500 of this amount may be in subsidized loans.	\$10,500 — No more than \$4,500 of this amount may be in subsidized loans.

SECTION D: Certification Statement

I certify that all of the information on this form and accompanying documents are true and complete to the best of my knowledge. Furthermore, I affirm that I have not knowingly or intentionally provided any false or fraudulent documentation.

Student Signature: _____ Date: _____

Acceptable signature formats include hand-written signatures, signatures made using a stylus or finger or an image representation of your signature.

MAIL FORM TO:

Clark State College, Financial Aid Office
 570 E. Leffel Lane, Springfield, Ohio 45505
 financialaid@clarkstate.edu • 937-328-6034