

Print Name _		<u></u>
Student ID _		
Dear Student	t ,	
use during a la	ater semester in this academic year, pleas the semester in which you opted to use the	nk O'Bannon or 21st Century Scholarship be reduced for se complete the information below. Keep in mind, if you hese extra funds, they cannot be reapplied to the semester
Circle the term for which you are requesting the adjustment.		List the academic year you are requesting the adjustment.
FALI	L SPRING	20 20
	Check the award you are wa State Frank O'Bannon State Grant Assoc Deg State Academic Honors State Accelerated Award 21 Century Scholarship Amount requesting to reduce \$	
Signature _		Date
This documen	nt must be submitted to Student Financial	Services in person or by email to lroberson@vinu.edu

within 5 calendar days of when you received the email notice.