

ENCLOSURE 2

Federal Pell Grant Program

Decrease Award Report

Report Date:
Document No:
Pell Inst No:
School name:

Award Year: _____
Street:
City/State/Zip:

FAA name:
FAA Phone:

Award	SAR RECORD ID	Pell Inst. No.	Verif	Hours	(a) Total	(b) Revised Pymt Amt	(c)=(a)-(b) (c) Total	Award						
								Original Name	Trans.	Acad	of Campus	Status	Enroll	Hours
Student Name	SSN	Code	No.	EFC	Cal	Attended	Code	Status	Compltd	Schl Yr	Attend	Pell Prog	Amount	Amount

TOTALS:

Total payments to date to all Federal Pell recipients per school records, before this adjustment:.....
 Total Award Decrease Amount on this report:.....
 Revised Total payments to date to all Federal Pell recipients per school records, as reconciled by the Financial Aid and Business offices:.....
 Revised Total payments to date should equal the Revised Total payments on your next Federal Cash Quarterly Confirmation Statement:.....

Contact:
Phone:

Signature: _____
Title: FINANCIAL AID ADMINISTRATOR

Date signed