RETURN TO FINANCIAL AID OFFICE:

2025-2026 REINSTATEMENT OF FINANCIAL AID AWARD









(FALA72) (FCLA72) (FFLA72) (FSLA72)

STUDENT INFORMATION			
Last Name	First Name	M.I.	Student ID#
I am requesting reinstatem	nent of financial Aid fo	or the following s	semester:
Fall 2025			
I understand that Satisface eligibility. Student initial:	•	ss (SAP) will be re	eviewed to determine further financial aid
Please check ONE box belo	ow:		
I have NOT attended	l another institution dur	ring this academic	year (Fall 25/Spring 26/Summer 26).
I attended another in	nstitution during this acc	ademic year (Fall	25/Spring 26/Summer 26).
Name of institution(s)	attended:		
have attended another aid at the other institut	institution and received ion(s) prior to being rei ancelled award from t	d financial aid at thinstated at Folsom	r semester in a given academic year. If you hat institution, you must decline financial Lake College. Please attach ion to our office when submitting this
Signature:			Date:
	Offi	ICE USE ONLY	
□ Reinstatement Appro	oved \square COD V	'erified	□ Checklist Updated
□ Reinstatement Denie	ed	Prior % Used	□ Comments Posted