

**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:**

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