



LOAN REQUEST FORM

Name: _____ ID#: _____

Email Address: _____ Phone: _____

Academic year: _____

Loan(s) requested:

Subsidized Direct Loan \$ _____

Unsubsidized Direct Loan \$ _____

Indicate the term(s) you are requesting the loan funds for: Fall Spring Summer

Please initial the following statements, acknowledging you have read and understand each.

_____ I understand I will not receive my loan proceeds in the form of a check or a State warrant unless my financial aid funds exceed the amount I owe the school for educational expenses, including bookstore charges

_____ I understand that the Financial Aid Office will credit my student account with loan proceeds for the amount owed for educational charges, including bookstore charges, and that any credit balance will be available through the Business Office. Refer to the *Financial Aid Info Guide* for details.

_____ I acknowledge that the Direct Loan funds I receive electronically through the school are proceeds of a loan which I must repay to the lender or the holder according to the terms of the Promissory Note.

Signature

Date