

FEDERAL DIRECT GRADUATE LOAN REQUEST FORM 2009-10

Last Name	First Name	MI	SSN
Permanent Street Address		Telephone	Student ID No.
City	State	Zip Code	Driver's License #/State
Date of Birth			
Email Address			

Total loan amount requested _____ Expected Grad Date _____

Which semesters do you wish to receive this loan? Summer Fall Spring
 (The total loan amount requested will be divided evenly over each semester selected.)

Shawnee State University participates in the Federal Direct Loan Program. The Financial Aid Office will originate your loan and send it to the U.S. Department of Education. If approved, the Dept. of Ed. will send the loan funds to SSU for credit to your student account.

Awarded loan amounts are subject to change based on approval and continued eligibility.

I understand that I must be registered for at least 5 credit hours per semester and must attend classes to be eligible for my student loan funds.

Student Signature _____
Date

For Office Use Only

Indep	Year ____ in a ____ year program	COE	_____	_____
Hours Enrolled	SM ____ FA ____ SP ____	Family Cont	_____	_____
Loan Period	From ____ to ____	Total Aid	_____	_____
Estimated Graduation Date	_____	Unmet Need	_____	_____
Entrance Interview	_____	SAP	_____	_____
		\$ Requested	_____	_____

Financial Aid	Per Year	Per Semester	Disbursement Dates
Sub	_____	_____	Sub \$ _____ 1. _____
Unsub	_____	_____	Unsub \$ _____ 2. _____
PLUS	_____	_____	Total \$ _____ 3. _____

Loan Aggregate Balance _____ Holds/Notes _____

Return this form to the Office of Financial Aid at Shawnee State University