

LOAN REQUEST FORM

Name: _____ ID#: _____

For the academic year: _____

I am requesting an additional \$_____ (amount)

- Subsidized Stafford Loan
 Unsubsidized Stafford Loan

Please initial the following statements, acknowledging you have read and understand them:

_____ I understand that 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 Stafford 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

_____ Fall

_____ Spring

_____ Summer

Return this form to:

Financial Aid Office
Great Falls College MSU
2100 16th Ave South
Great Falls, MT 59405
406-771-4334 FAX 406-771-4410