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