

Additional Loan Request Form

Submit to Student Services Center

Student Name: _____

Student ID: _____

Federal loans must be distributed equally over your term of enrollment. If you request a loan for \$3500 for fall and spring you will be awarded \$1750 for each semester. Please make your loan request accordingly.

I am requesting \$ _____ in an additional student loan for the academic year.
(If you would like your maximum loan eligibility for the award year, you may write "maximum". Each Direct Loan is subject to an origination fee and a Federal Default fee.)

Student Status	Dependent		Independent	
	Base amount*	Additional	Base amount*	Additional
Year in School	Sub/Unsub	Unsub	Sub/Unsub	Unsub
Freshman	\$3,500 – 4.5%	\$2,000 – 6.8%	\$3,500 – 4.5%	\$6,000 – 6.8%
Sophomore	\$4,500 – 4.5%	\$2,000 – 6.8%	\$4,500 – 4.5%	\$6,000 – 6.8%

***FAFSA eligibility determines subsidized/unsubsidized base amounts.** The base amount is maximum subsidized loan amount which may be eligible for listed 4.5% fixed interest rate; otherwise all amounts not subsidized are at the higher 6.8% fixed interest rate. Financial Aid awards cannot exceed a student's cost of attendance.

I understand the following:

- Entrance Counseling and a Master Promissory Note **must** be done or I will not receive loan funds.
- I can only request a Direct Loan if I have already completed the FAFSA.
- I must be currently enrolled in at least six credits.
- I am requesting a Direct Loan, borrowed money, which must be repaid.
- I may cancel this request in whole or part before I receive the loan funds.

By accepting this Direct Loan:

- I accept the proposed financial aid except for amounts I have declined, and understand this will be supplemented by my family contributions.
- I authorize Moraine Park to credit federal student aid funds for paying tuition, fee, book and minor prior-year charges on my student account.
- I understand I am responsible for any charges to my student account.
- I understand the courses I am taking must be needed as graduation requirements for my program.
- I must register for all courses at the beginning of each semester.
- I will inform the Office of Financial Aid if my expected enrollment changes.
- I have read and I understand the requirements and the conditions applying to financial aid as stated in the Financial Aid Award Guide.

Signature _____

Date _____

Permission to credit your account can be modified or cancelled upon written request.

For Office Use Only: **I or D** DLU \$ _____ or DLS \$ _____ Date _____