**Lehman College**

Office of Financial Aid

**2/18 REQUEST FOR FEDERAL DIRECT LOAN 2018-2019**

|  |
| --- |
| **Student’s Information:** |

1. Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ M.I.:\_\_\_\_\_\_\_\_\_

2. SSN: \_\_\_\_\_\_-\_\_\_\_-\_\_\_\_\_\_\_\_\_ EMPL#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3. Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_\_

4. Permanent Street Address:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Apt#: \_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_

Local Mailing Address (if different from permanent address):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Apt#: \_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_

5. Phone #: (\_\_\_\_\_) \_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_ 6. Lehman E-Mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Note: All correspondence will be sent to your college email address. Please check regularly.)

|  |
| --- |
| **Loan Request: (MUST BE REGISTERED FOR A MINUMUM OF 6 CREDITS TOWARD DEGREE PER SEMESTER)** |

**Check One:**

\_\_\_ **If I am not eligible for the amount I have requested as a Subsidized Loan, I will accept all or part of my loan in Unsubsidized Loan funds.**

**\_\_\_ I wish to receive a Subsidized Loan only.**

**\_\_\_ I am a GRADUATE student requesting an Unsubsidized Loan**

**(\***Graduate Students are **only** eligible for Unsubsidized Loans\***)**

**SUMMER 2018 Fall 2018 Spring 2019**

Anticipated # of Credits \_\_\_\_\_ Anticipated # of Credits \_\_\_\_\_ Anticipated # of Credits \_\_\_\_\_\_

Total Summer Loan Requested: Total Fall/Spring Loan Requested:

$\_\_\_\_\_\_\_\_\_\_\_\_\_\_.00 $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.00

**Loan requests are processed for the Fall/Spring semesters except where enrollment is for one semester. Loan disbursements will be made in two equal payments for the loan period certified.**

I am graduating at the end of Summer 2018. Yes\_\_\_\_ No\_\_\_\_

I am graduating at the end of Fall 2018. Yes\_\_\_\_ No\_\_\_\_ I am graduating at the end of Spring 2019. Yes\_\_\_\_ No\_\_\_\_

I expect to receive funds/waivers from a source **other than financial aid** for one or more semester(s) during the academic year. \_\_\_Yes\* \_\_\_ No

\*If Yes, please list source(s), terms(s), and amount(s) expected: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **Borrower’s Certification** |

This request form is not a promissory note. I must complete Entrance Counseling and sign an electronic Master Promissory Note (EMPN) online at ***www.studentloans.gov***. I understand that my eligibility for Federal Direct Loans will be determined in accordance with Federal Law. Further, by signing this application for a student loan I certify that all information provided is true to the best of my knowledge, and that the proceeds of this loan will be used for educational expenses incurred during my period of enrollment at Lehman College.

**Applicant’s Signature**: **Date:**

**ISIR Corrections needed? Y or N New transaction # \_\_\_\_\_ Doc’s collected? Y or N**

**Intake Counselor’s Signature: Date:**