

ID # **A** Name _____
(Last Name) (First Name) (MI)

Please fill out this form to apply for a loan

- Requested Loan Amount for the year (in dollars) \$ _____
- Will you be graduating this Fall? Y / N
- Are you requesting a loan for the Spring semester only? Y / N
- Are your parents interested in applying for a loan? Y / N

Loan Request Deadlines

- All first-time requests will be accepted up to two weeks after the first disbursements of the semester.
- Loan increases must be submitted prior to the last Friday of October for the fall semester and the last Friday of March for the spring semester.

Acknowledgment

I understand that loan requests are not guaranteed, and can be denied for the following reasons including, but not limited to:

- Not degree-seeking
- Less than six fundable credit hours
- Cumulative GPA below 2.0
- Maximum time frame (based on program selection)
- Active loan default status
- Exceeded annual loan limit (lifetime limit)

You can find more information on the Federal Direct Loan Program at <https://stlcc.edu/admissions/financial-aid/fed-grants-loans.aspx>.

By signing below, I agree with the statements above.

Student Signature _____ Date _____

— OFFICE USE ONLY —

Date Rec'd. _____ By _____