

STAFFORD and GRAD PLUS LOAN REQUEST WORKSHEET

STUDENT SECTION (TO BE COMPLETED BY STUDENT):

NAME: _____ SS# _____

LOAN PERIOD (2-TERM MAXIMUM):

STAFFORD and GRAD PLUS LOAN AMOUNT REQUESTED FOR LOAN PERIOD:

SUB. STAFFORD \$ _____

UNSUB. STAFFORD \$ _____

GRADUATE PLUS \$ _____ (Graduate Students Only)

STUDENT'S SIGNATURE: _____

TO BE COMPLETED BY SCHOOL:

Guarantee Date _____

1. LOAN PERIOD FROM: _____ TO: _____

2. GRADE LEVEL: _____

3. ENROLLMENT STATUS: FULL TIME HALF TIME

4. ANTICIPATED COMPLETION: _____

5. COST OF ATTENDANCE: \$ _____

6. FEDERAL EXPECTED FAMILY CONTRIBUTION \$ _____

7. ESTIMATED FINANCIAL AID \$ _____

8. CERTIFIED LOAN AMOUNTS: A. SUB \$ _____ B. UNSUB \$ _____

C. Grad Plus \$ _____

9. RECOMMENDED DISBURSEMENTS :

10. DATE PROCESSED: _____

11. PROCESSED BY: _____