STAFFORD LOAN CERTIFICTION FORM

Name: _____ Social Security Number:_____

Grade Level (*circle one*): Freshman Sophomore Junior Senior
MBA MED Seminary

Resident Status *(circle one):* On Campus Off Campus

Daytime Telephone: _____

Anticipated Date of Graduation (Month/Year): _____/_____

For what period do you want the loan *(check one)*?
Full Academic Year_____ Fall only_____ Spring only_____
Summer #1 (May-June)_____ Summer#2 (July-August)_____
Other_____

Enrollment Status *(circle one)*: Full-time Part-time

REQUESTED LOAN AMOUNT: _____
IMPORTANT: You must provide a requested loan amount. If no amount is provided, your loan will be processed for your maximum eligibility.

Your maximum loan entitlement is shown in your Financial Aid award letter. However, your eligibility for subsidized loan money may change during the course of the academic year for various reasons, including additional financial aid received or a change in enrollment status. If this happens, you must select one of the following options:

_____ I permit Mount St. Mary's to reallocate all or a portion of my subsidized loan to unsubsidized.
_____ I request Mount St. Mary's to return to my lender any portion of my subsidized loan for which I am no longer eligible.
_____ I am only eligible for an unsubsidized loan.

Do you have any prior Federal Stafford Loans at MSM? Yes____ No____
Do you have any prior Federal Stafford Loans at any other school? Yes____ No____

Have you submitted a Master Promissory Note to the Financial Aid Office? Yes____ No____
Have you submitted a Master Promissory Note to any other institution? Yes____ No____
If yes, to what institution?_____ Lender Name_____

Signature:_____ Date:_____

For FAO Use Only:
Loan Period: _____ to _____ Disbursements _____ _____ _____

Subsidized: $_____ Unsubsidized: $_____