STAFFORD LOAN REQUEST FORM- GRADUATE STUDENTS

If you wish to apply for a Federal Direct Stafford Loan, complete this form and return to Janet Turner, Sargent College, 635 Commonwealth Avenue, Boston, MA 02215. If you have any questions, contact me at (617) 353-7477 or email: jmt98@bu.edu.

FEDERAL DIRECT STAFFORD LOAN

I WISH TO APPLY FOR THE SUBSIDIZED STAFFORD IN THE AMOUNT OF $_____. (Maximum - $8,500 depending on need).

IN ADDITION, I WISH TO APPLY FOR THE UNSUBSIDIZED STAFFORD IN THE AMOUNT OF $_____. (Maximum - $10,000 depending on need).

*** If you do not qualify for the total **Subsidized** loan you desire, you may be eligible to borrow the remaining amount in **Unsubsidized** Stafford. **If you wish to exercise this option, check here** ☐

☐ I HAVE FILED A FAFSA (If you have not filed a FAFSA, you must do so before a Stafford Loan can be processed. You may choose to file on-line at http://www.fafsa.ed.gov.)

MOST STUDENTS ENROLL FOR 16 TO 18 CREDITS PER SEMESTER. PLEASE LIST THE NUMBER OF CREDITS YOU EXPECT TO TAKE FOR SEMESTER 1____ SEMESTER 2____

PT Affiliation____ Dates:_____ Sem 1 ____ Sem 2 ____ Placement State: _____

OT Affiliation____ Dates:_____ Sem 1 ____ Sem 2 ____ Placement State: _____

DI Internship ____ Dates:_____ Sem 1 ____ Sem 2 ____ Placement State: _____

Statement of Responsibilities

I understand my responsibility to promptly provide the Office of the Financial Assistance with the following **(which may reduce my eligibility for Direct Loan**): Any financial aid I receive from any source. Any change in my full-time/part-time or degree candidate status. In addition, if you change the number of credits you are enrolled for or your expected date of graduation, please contact the Office of Financial Assistance immediately.

List any funds anticipated for 2006/2007 from any source other than Boston University. Include ROTC, Resident Assistant compensation, tuition remissions, private scholarships, etc.

Source _____ Amount $_____

Source _____ Amount $_____

Student Name _____ Soc. Sec #_____ - ____ - _____

BU ID _____- ____- _____

Last First MI

Address _____

City _____ State _____ Zip _____ Phone #_____

By my signature I acknowledge that I have read and agree to the statements above.

_____

Signature **Date**