

Graduate School of ARTS·AND·SCIENCES

BOSTON UNIVERSITY • 705 Commonwealth Avenue, Boston, MA 02215

2018/2019 Federal Stafford Loan Request Form

If you wish to apply for a Federal Direct Stafford Loan, complete this form and return to the Graduate School of Arts and Sciences, 705 Commonwealth Ave., Boston, MA 02215. If you have any questions about the Direct Loan Program or this form, contact the Graduate School at 617-353-2696 or at grsaid@bu.edu.

A. I WISH TO APPLY FOR A DIRECT STAFFORD LOAN OF \$ _____

Maximum Unsubsidized Loan is \$20,500 per academic year. As of July 1, 2012 the Subsidized Loan is no longer available. Eligibility may be less than \$20,500 depending your total cost of attendance minus any financial aid received (including all University aid and outside funding).

B. I have filed a FAFSA. Approximate date completed _____.

C. STATEMENT OF EDUCATIONAL PURPOSE & CERTIFICATION

I will use all Title IV money received only for expenses related to my study at Boston University.

Certification Statement on Refunds and Default

I certify that I do not owe a refund on any grant or loan, am not in default on any loan or have made satisfactory arrangements to repay any defaulted loan, and have not borrowed in excess of the loan limits, under Title IV programs, at any institution.

WARNING: To receive any Title IV financial aid, you must complete the Statement of Educational Purpose and Certification, Statement on Refunds and Default, and you must be registered with the Selective Service, if you are required to register. If you purposely give false or misleading information, you may be subject to a fine up to \$10,000, imprisonment for up to 5 years, or both.

D. Statement of My Responsibilities

I understand my responsibility to promptly provide to the GRS Financial Aid Office the following, which may reduce my eligibility for a Direct Stafford Loan: all financial aid I receive from any source, any change in my full-time/part-time status, any change in my degree candidate status.

E. Number of credits: Fall 2018: _____ Spring 2019: _____ Anticipated Graduation Date: _____

F. Please check one of the boxes below to indicate whether or not you plan to enroll in the Boston University student medical insurance plan. Visit www.aetnastudenthealth.com for a complete description of the student medical insurance plans. If you waive the medical insurance plan, please be aware that it may affect your loan eligibility.

Basic Plus Will not enroll

G. List any funds anticipated for 2018/2019 from a source other than Boston University Graduate School of Arts and Sciences. Include ROTC, Resident Assistant compensation, tuition remission, private scholarships, etc.

Source _____ Amount \$ _____

Last name First name

Social Security Number

Email address

Signature

Today's Date

*By signing this form I acknowledge that I have read and agree to the above terms and to the terms discussed in the Federal Direct Stafford Loan Fact Sheet.