



LIM COLLEGE

OFFICE OF STUDENT FINANCIAL SERVICES

FALL 2011 / SPRING 2012 DIRECT STAFFORD STUDENT LOAN REQUEST

PLEASE PRINT:

Name: _____
LAST FIRST

Address: _____

Telephone: _____ Cell Phone: _____

Social Security Number: _____ - _____ - _____

Date of Birth: ____/____/____

How many credits will you be registered for in: Fall _____ Spring _____

Expected Date of Graduation: _____

Requested Loan Amount:

Direct Subsidized \$ _____

Direct Unsubsidized \$ _____

If you are not eligible for the full amount you requested from the Direct Subsidized Loan, do you wish to borrow from the Direct Unsubsidized Stafford Loan Program? (circle one) YES NO

Sign: _____ Date: ____/____/____

FOR FINANCIAL AID ONLY

CERTIFIED AMOUNTS

SUBSIDIZED _____

UNSUBSIDIZED _____

DATE CERTIFIED _____ FA INITIALS _____