

Student Financial Services Request to Borrow for Indirect Costs MPS 2016-2017



LIM COLLEGE

Please return this form and all supporting documentation to the below mailing address:

Mailing Address:
 12 East 53rd Street
 New York, NY 10022
 Attn: Antoinette Liquet

Phone: 212-752-1530 x389
 E-mail: sfs@limcollege.edu

Please check off the items and the corresponding amounts that you wish to have added to your loan for indirect costs. This worksheet is intended to be used as a budgeting tool to help guide you in determining a reasonable and limited additional amount of student loan funds needed while attending LIM College.

Indirect Costs	Semester 1 (Fall)	Semester 2 (Spring)	Semester 3 (Summer)
<input type="checkbox"/> Transportation • Prorated below 12 credits	<input type="checkbox"/> \$600 (Maximum) <input type="checkbox"/> Other Amount \$ _____	<input type="checkbox"/> \$600 (Maximum) <input type="checkbox"/> Other Amount \$ _____	<input type="checkbox"/> \$300 (Maximum) <input type="checkbox"/> Other Amount \$ _____
<input type="checkbox"/> Books & Supplies • Prorated below 12 credits	<input type="checkbox"/> \$600 (Maximum) <input type="checkbox"/> Other Amount \$ _____	<input type="checkbox"/> \$600 (Maximum) <input type="checkbox"/> Other Amount \$ _____	
<input type="checkbox"/> Health Insurance If covered under a comparable plan, proceed to www.gallagherstudent.com/LIM to complete the waiver	<input type="checkbox"/> \$1,781 Annually* Estimated rate	<input type="checkbox"/> \$1,781 Annually Estimated rate	<input type="checkbox"/> \$1,781 Annually Estimated rate
<input type="checkbox"/> Loan Fees (Subject to change)	<input type="checkbox"/> 4.272% for Grad Plus <input type="checkbox"/> 1.068% for Unsub Loan	<input type="checkbox"/> 4.272% for Grad Plus <input type="checkbox"/> 1.068% for Unsub Loan	<input type="checkbox"/> 4.272% for Grad Plus <input type="checkbox"/> 1.068% for Unsub Loan

Student (Print): _____

Student (Signature): _____

Date: _____

Financial Aid Office Use Only:

New COA: _____
 New Total PLUS or Alt Loan Amt: _____
 Form Tracked Date: _____
 F.A. Counselor's Signature: _____
 Date: _____