



# William D. Ford Federal Direct Loan Program Student Loan Request Form

Fall 2017-Spring 2018

*It is important that you read the Las Positas College Direct Loan Brochure and the Federal Direct Loan Counseling guides **BEFORE** submitting this form so that you understand policies and procedures involved in the student loan process.*

Student College ID W# \_\_\_\_\_

Student Education Plan \_\_\_\_\_

Applicant Name: \_\_\_\_\_ SSN # \_\_\_\_\_

Date of Birth \_\_\_\_\_ E-mail address \_\_\_\_\_

Street Address: \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home /Cell phone #: \_\_\_\_\_ Driver's License # and State: \_\_\_\_\_

### Annual Loan Limits for Direct Subsidized and Unsubsidized Loans

	Dependent	Independent
<b>If your academic level at Las Positas is...</b>	<b>You May Qualify for...</b>	<b>You May Qualify for...</b>
1 <sup>st</sup> Year: 0 - 29.5 units earned at LPC	\$5,500 (Maximum \$3,500 subsidized)	\$9,500 (Maximum \$3,500 subsidized)
2 <sup>nd</sup> Year: 30 or more units earned at LPC	\$6,500 (Maximum \$4,500 subsidized)	\$10,500 (Maximum \$4,500 subsidized)

*The Financial Aid office will use the grade level determined by the Las Positas A&R office. If you intend to include units earned from a prior school to establish 2nd year loan eligibility, you must request official academic transcripts be evaluated by Las Positas A&R and documented for the Financial Aid Office.*

- I anticipate graduating/completing my program of study at Las Positas College:  
**December** \_\_\_\_\_ **May** \_\_\_\_\_ **August** \_\_\_\_\_ (Write the YEAR next to the appropriate month indicated)

- I am requesting a loan for the amount indicated below or the lesser amount for which I am eligible.

\$: \_\_\_\_\_ *Borrowing Limits – The actual loan amount is determined by individual eligibility, not to exceed the maximum loan limits indicated above. We recommend that you request a reduced loan amount if the maximum limit is not needed.*

- If I am not eligible for the requested loan amount through a subsidized Direct Loan, I would like to borrow the remaining requested funds through an Unsubsidized Direct Loan. I understand that I am responsible for payment of all interest calculated on my unsubsidized student loan, as interest is not paid by the federal government.

No, I do not want an UNSUBSIDIZED Loan     Yes, consider me for an UNSUBSIDIZED Loan

*I understand that, in order to obtain a loan, I must complete **Entrance Loan Counseling** and sign a **Master Promissory Note (MPN)** by logging onto the website [www.studentloans.gov](http://www.studentloans.gov). I understand that before I can receive my second payment I must first complete **Exit Loan Counseling** at [www.nsls.ed.gov/nsls](http://www.nsls.ed.gov/nsls)*

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*By signing this application I certify that I will use my federal student aid only to pay the education-related costs of attending an institution of higher education, in accordance with federal law.*

## Supplemental Loan Information

**You are required to estimate, as best you can, the value of any support from outside resources that you receive, whether cash or otherwise, while you are in college. ('Educational Expenses' refer to registration fees, books, transportation, living expenses such as rent and food, clothing and personal expenses.)**

**Please check all statements that apply and complete information requested:** ('Annual' refers to Current School Year)

I am receiving educational support through the Cal Works program at Las Positas.

I am receiving a book voucher from EOPS or another program at Las Positas

I am receiving financial help from another program at LPC. Name of program: \_\_\_\_\_

I receive Section 8 subsidized housing Monthly value \$ \_\_\_\_\_

I am a recipient of a Tri Valley Housing Scholarship Monthly value \$ \_\_\_\_\_

I receive another type of subsidized housing or am residing in a shelter or protective living arrangement for which I do not pay rent. Monthly value \$ \_\_\_\_\_

I am receiving educational support through the Ca. State Dept. of Rehabilitation, or the Veterans Department of Rehabilitation (Chapter 31). Monthly amount \$ \_\_\_\_\_

My parents or another family member is helping me meet my school expenses, or are taking care of or subsidizing my living expenses. Annual amount \$ \_\_\_\_\_

Please explain: \_\_\_\_\_

A non-relative or my significant other is helping me meet my school expenses, or is taking care of or subsidizing my living expenses. Annual amount \$ \_\_\_\_\_

Please explain: \_\_\_\_\_

I am receiving free rent from my parents or someone else, which is helping me to get by on a tight budget. **(DO NOT CHECK if you have checked one of the above two statements)**

I have received scholarships this school year that were not processed through the college

Name of Scholarship \_\_\_\_\_ Amount \_\_\_\_\_

Name of Scholarship \_\_\_\_\_ Amount \_\_\_\_\_

Name of Scholarship \_\_\_\_\_ Amount \_\_\_\_\_

My work is paying for or reimbursing me for  enrollment fees  books and supplies

***I certify that all information provided on this form is true and complete to the best of my knowledge.***

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

***By signing this application I certify that I will use my federal student aid only to pay the education-related costs of attending an institution of higher education, in accordance with federal law.***