

SUNY Schenectady County Community College
Office of Financial Aid
78 Washington Avenue
Schenectady, NY 12305
Phone (518) 381-1468 fax (518) 381-1477 Email fa@sunysccc.edu

REQUEST FOR FEDERAL DIRECT LOAN

If you are interested in borrowing a William D. Ford Federal Direct Stafford Loan, please complete this form and return it to the Financial Aid Office. If your financial aid file is complete, including an entrance interview if required, the Financial Aid Office will process your loan. If you have not yet signed a master promissory note, you will be required to complete one.

NAME _____ SUNY Schenectady ID. NO. _____

ADDRESS _____
Street City State Zip Code

Email Address _____

HOME/CELL PHONE NO. _____ DATE OF BIRTH _____

Estimated Final Date of Attendance at SUNY Schenectady County Community College ____/____/____
Month Year

You must be registered for 6 or more credits to receive a loan.

I have previously requested a loan but wish to increase the total by adding the amounts indicated on this form.

Amount you wish to borrow \$ _____ (Borrow only what you need.)

Loan Period - Please Check One: Half Fall 20__ and Half Spring 20__

IF POSSIBLE, WE RECOMMEND STUDENTS

APPLY FOR FALL & SPRING LOANS AT THE SAME TIME. Fall 20__ Only Spring 20__ Only Summer 20__ Only

****Fall only loans and Spring only loans are required to be split into two payments in the one semester.****

Signature

Date

OFFICE USE ONLY

Approved Subsidized Amount

Approved Unsubsidized Amount

Independent Dependent

Full-Time 6-11 1st year student 2nd year (30 credits or more) Loan Period _____

FA Initials _____

Loan I.D. Number

Date Loan Originated