



OFFICE OF FINANCIAL AID
1507 South McKenna Poteau, OK 74953
Ph. 918-647-1343 Fax 918-647-1227

Student Loan Request Form

Student Name:	SSN or ID:
Address:	Date of Birth:
City, State, Zip Code:	Phone Number:
Email Address:	

Eligibility Chart

	Dependent Students (As defined by the FAFSA)			Independent Students (As defined by the FAFSA)		
Classification	Subsidized/Unsubsidized Annual Base Amount	Add. Unsubsidized Annual Amount	Lifetime Loan Limit	Subsidized/Unsubsidized Annual Base Amount	Add. Unsubsidized Annual Amount	Lifetime Loan Limit
Freshman (0-30 hours)	\$3,500	\$2,000	\$31,000	\$3,500	\$6,000	\$57,500
Sophomore (31+ hours)	\$4,500	\$2,000	\$31,000	\$4,500	\$6,000	\$57,500

Check the semester(s) for which you are requesting this loan:
☐ Fall and Spring ☐ Fall only ☐ Spring only

Please note that for the Loan Request form to be processed, you must complete the Worksheet for Student Borrowers.

Requested Loan Amount \$ _____
(Do not write the word maximum and do not leave blank)

If you do not qualify for a Subsidized Loan, should we process this amount as an Unsubsidized Loan?
☐ Yes ☐ No

Statement of Understanding

I understand that this is not a loan application or a master promissory note and I will only be awarded the amount that I request on this form. As a borrower, I understand any loan I borrow must be repaid with interest. I understand my Financial Aid file must be complete before my loan can be processed. I understand if this is my first loan at CASC, I must complete Loan Entrance Counseling and a Master Promissory Note at www.StudentLoans.gov before my loan is processed. I understand that I must be enrolled at least half-time (6 hours) in order to receive my loan funds. I understand that if I have other hours earned from another college or university that could change my grade level, and I request a loan increase due to grade level, the hours must be on my official CASC transcript. I further understand I am bound by the Satisfactory Academic Progress Standards as outlined by the Office of Financial Aid.

My signature consents that I have read, understand, and agree to the "Statement of Understanding" and I wish to be considered for a student loan while attending CASC.

Student's Signature

Date



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Worksheet for Student Borrowers

Student Name:	SSN or ID:
Address:	Date of Birth:
City, State, Zip Code:	Phone Number:
Email Address:	

Please complete the worksheet below and return it with the Request for Student Loan Form to the Office of Financial Aid. Do not leave any questions blank or your application will be considered incomplete. Incomplete applications will not be processed.

1. The degree program I am enrolled in at CASC is: _____.
2. The career/type of work I plan to do after completing my degree is (include transfer if applicable): _____.
3. The month and year I expect to complete my degree are (including transfer if applicable): _____.
4. I have reviewed my degree plan with my advisor: _____ Yes _____ No
(We strongly recommend that you meet with an academic advisor to review your degree plan to make sure you are on track to complete your degree).
5. I would like to borrow \$ _____ this academic year at Carl Albert State College.
6. I currently owe \$ _____ in student loans (**Log in to www.nslds.ed.gov, write in the amount owed and attach a copy of the loan summary screen to this request**). If you are a first time borrower, print the screen that shows there are no outstanding loans. **This form will be considered incomplete without the summary screen attached.**
7. After this year, I expect I will need to borrow a total of \$ _____ to complete my degree.
(Enter the amount you plan to borrow to complete any and all degrees you will need.)
8. Upon completing my education, I anticipate my total student loan debt will be \$ _____.
9. My approximate loan payment will be \$ _____ per month. (A loan calculator can be found at www.studentloans.gov under "Repayment Plans and Calculators").

Please describe your reasons for requesting a loan:

Student Signature

Date