

2015-2016 FEDERAL DIRECT LOAN APPLICATION

FOR FASTER PROCESSING, PLEASE TYPE ALL FORMS

Name: _____ Student ID: _____
 Address: _____ Driver's License: _____
 Cell Phone: _____ Email: _____

1. Have you ever applied for a Federal Student Loan?
2. Do you currently have an outstanding balance on a Federal Student Loan?
3. If yes, what is your Estimated Student Loan Balance?
4. I am applying for : Full-year (Fall 2015 & Spring 2016)
 Full-year (including Summer 2015*)
**You must be registered for at least six units for the Summer and Fall sessions*
 Fall 2015 only
 Spring 2016 only

ANNUAL LOAN LIMITS

Dependent Students			
Academic Level	Subsidized Loan Limits	Unsubsidized Loan Limits	Total Annual Loan Limit
1 st year (<30 units*)	\$3500	\$2000	\$5500
2 nd year (≥ 30 units*)	\$4500	\$2000	\$6500
Independent Students			
Academic Level	Subsidized Loan Limits	Unsubsidized Loan Limits	Total Annual Loan Limit
1 st year (<30 units*)	\$3500	\$6000	\$9500
2 nd year (≥ 30 units*)	\$4500	\$6000	\$10500

** Units must be degree applicable*

5. Requested Loan Amount**: **Subsidized:** \$ _____ **Unsubsidized:** \$ _____
 ^2nd year students only
 ~Independent students only
 **Your requested loan amount may be adjusted depending upon your eligibility.
 **EVC has the authority to refuse the origination of a loan and/or originate a loan for less than the amount requested. This is done on an individual student basis.

- **You will be notified by email if your loan is approved, denied, or if we need additional information. Please allow 7-10 business days for your loan application to be processed.**
- **You must have completed Entrance Loan Counseling and the Master Promissory Note before you submit this application. If not, your loan application will not get reviewed.**
- **Loans for new EVC borrowers are disbursed at least 30 days after the start of the loan period.**

STUDENT SIGNATURE

By signing this form you understand that the loan amount you requested, your prior loan debt, your Satisfactory Academic Progress, your program length and time left to complete your program will be reviewed. As a result the loan amount that you have requested may be reduced or denied.

Student signature: _____ Date: _____

Financial Aid Office Use Only

OPB: _____ **Dependency:** _____
Acad Level: _____ **Approved Amt: (SUB)**_____ **(UNSUB)**_____ -