Concordia
Seminary
ST. LOUIS

FEDERAL DIRECT STAFFORD
UNSUBSIDIZED
LOAN REQUEST FORM

1. Student Information:

Name (First, MI, Last) _____

Social Security # _____ - _____ - _____   Graduation Date _____

Telephone # _____   Date of Birth _____

_____

2. Loan Period for this loan:

          ☐ Fall   ☐ Spring

  _____ SCHOOL YEAR ☐ Winterim   ☐ Summer

_____

3. Total amount of loan funds you are requesting:

$_____

Your loan may be used for **educational purposes** only (such as tuition/fees, books, room & board/rent, etc…).
_____

Please initial below:

_____ I understand this is not an actual loan application, but the financial information will be used to certify a Federal Direct Stafford Loan. I understand that I am not obligated to borrow these funds and can terminate at any time by providing the Financial Aid Office with a written statement.

_____   _____
 Signature   Date

Submission of this loan confirmation form will initiate the processing of your Federal Direct Stafford Loan. You are strongly encouraged to read the borrower's rights and responsibilities contained in the Federal Direct Stafford Loan Master Promissory Note.
_____
Borrowers must also complete the Annual Student Loan Acknowledgment, Master Promissory Note and the online entrance counseling through the Federal Student Aid web site. You may complete these online at https://studentaid.gov/ **located under "Complete Aid Process". The MPN and online entrance counseling are only completed once during your time at Concordia Seminary.**
_____

Loan Authorization:

I authorize Concordia Seminary St. Louis to use Federal Title IV funds awarded to me to:

 ☐ Pay tuition, required fees, room & board/rent and other current educationally related charges including books, supplies, library fines and any other direct or indirect charges.

 ☐ Retain and apply funds to future charges incurred for the current academic year. In authorizing retention of any such credit balance, it is understood that I will receive no interest on the funds that are retained and that all excess funds will be refunded to me at the end of the academic year.

 ☐ Apply excess funds to prior year charges of no more than $200 that were charged to my account and not previously paid.

I voluntarily make the above authorizations and understand that I may rescind the authorizations at any time through written notification to the Financial Aid Office. I understand that I will be required to make cash payments for any charges for which I do not authorize the use of Title IV funds.

_____   _____
 Signature   Date