

2015-2016 Direct Loan Request Form

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Last Name	First	MI	Student ID Number	Date of Birth	Telephone #
<hr/>			<hr/>		<hr/>
Street Address		City	State	Zip Code	Units Completed

Statement of Understanding

(Please initial all applicable items. If any item does not apply, enter N/A)

- I acknowledge that I have completed the 2015-2016 Free Application for Federal Student Aid (FAFSA) at www.fafsa.ed.gov.
- I acknowledge that I have completed my Financial Aid file by submitting all requested documents, as indicated on my Missing Information Checklist on WebAdvisor.
- (**New borrowers* only**) I have completed the Direct Loan Entrance Counseling for Undergraduate Students at www.studentloans.gov.
- (**New borrowers* only**) I have completed the Direct Loan Master Promissory Note at www.studentloans.gov.
- (**New borrowers* only**) I have attended a loan workshop.
- I acknowledge that I am meeting Satisfactory Academic Progress as defined by Los Medanos College or that I have submitted an appeal and that my appeal has been approved.
- I acknowledge that I will be enrolled in at least six (6) degree applicable units for each semester in which I am applying for a loan and that Los Medanos College will not disburse loan funds if I drop below 6 units at any time during the loan period.
- I acknowledge that I am enrolled in an eligible degree or certificate program.
- I understand that unless I take action to request a decrease or cancellation of the loan amount, all loans will be processed as shown on my student account on WebAdvisor.
- I understand that student loan funds are only to be used for educational expenses.
- I understand that if I do not meet criteria for the requested loan amount that the Office of Financial Aid will adjust the amount accordingly.

**A new borrower is a student who has never borrowed loans at LMC or other college.*

LOS MEDANOS COLLEGE

Office of Financial Aid

2015-2016 Direct Loan Request Form

1. What is the loan amount requested? Subsidized: \$ _____ Unsubsidized \$ _____ Total \$ _____
 Loan Limits** (Amounts given are per Semester. For two semesters, double the amounts listed below.)

Year	Independent Student			Dependent Student		
	Max Subsidized	Max Unsubsidized	Combined	Max Subsidized	Max Unsubsidized	Combined
1 st Year (less than 30 units)	\$1,750	\$3,000	\$4,750	\$1,750	\$1,000	\$2,750
2 nd Year (30 units or more)	\$2,250	\$3,000	\$5,250	\$2,250	\$1,000	\$3,250

***If the student does not meet criteria for their requested loan amount, the Office of Financial Aid will adjust the loan amount accordingly.*

2. Only one application per academic year will be considered. Be sure to choose a loan period to cover ALL semesters that you plan to attend this academic year. Check only ONE box.

Loan Period: Fall 2015 Spring 2016 Summer 2016 Fall 2015 & Spring 2016 Spring 2016 & Summer 2016

3. Have you borrowed under the FFELP/Direct Loan program at a previous college? _____ **Outstanding balance:** _____

4. Are you (or have you been) delinquent or in default on any previous student loans? _____

5. Budget Exercise:

Estimated Expenses by Current Year (12 months)

Books/Supplies \$ _____
 Rent/Housing \$ _____
 Food \$ _____
 Phone/Utilities \$ _____
 Laundry \$ _____
 Gas/Bus/Train \$ _____
 Auto Insurance \$ _____
 Medical/Dental \$ _____
 Childcare \$ _____
 Other Expenses \$ _____
 (Please list "Other Expenses" on separate sheet)

Total Expenses \$ _____

Estimated Resources by Current Year (12 months)

Money from Savings \$ _____
 Money from Parents \$ _____
 Public Benefits \$ _____
 (CalWorks, SSI, etc.)
 Student's Wages \$ _____
 Spouse's Wages \$ _____
 Scholarships \$ _____
 Financial Assistance \$ _____
 (Grants, Federal Work-Study, Loans)
 CARE/EOP&S \$ _____
 Child Support \$ _____
 Other Resources \$ _____
 (Please list "Other Resources" on separate sheet)

Total Resources \$ _____

Borrower's Signature _____ **Date** _____

For Office Use Only	
<input type="checkbox"/> Completed Entrance Interview	<input type="checkbox"/> Completed MPN & Date _____ Certified on Date _____
Previous term SAP Status & Calc Date: _____	Loan Period: FA15 SP16 SU16 FA15 & SP16 SP16 & SU16
COA _____ EFC _____ FA Awards _____	Unmet Need _____ Grade Level _____ Checked NSLDS _____
Loan Amount Requested: _____	<input type="checkbox"/> Approved <input type="checkbox"/> Denied
FA Coordinator's Signature _____	Date: _____