STUDENT INFORMATION

Name: _____ Student ID : _____

Street Address: _____ City: _____ State: _____ Zip: _____

Primary Phone: _____

COMPLETE THE SUPPLEMENTAL INFORMATION

1. ☐ **Read and understand the Borrower's Rights and Responsibilities** at: https://www.edisonohio.edu/Forms/
2. ☐ **Entrance Loan Counseling** with the Dept. of Education at: studentaid.gov . Required of first-time federal student loan borrowers. IF already completed, please add Edison State as a school to receive notification of its completion
3. ☐ A valid **Master Promissory Note** *specific for Edison State* CC with the Dept. of Education at: studentaid.gov

COMPLETE FUNDING REQUEST STEPS

1. **Loan Type (Choose One)**

☐ Subsidized Only   ☐ Subsidized and Unsubsidized

☐ Additional Unsubsidized (Parent PLUS loan application denial or Parent Refusal required)

2. **I plan to be enrolled in the following number of credit hours: (Write the number of credits you plan to enroll in for ALL the terms for which you wish to borrow)**

Summer 2023:_____   Fall 2023:_____   Spring 2024: _____

3. **Amount Requested**

☐ For the term(s) selected above, I request a total amount of: $ _____ **(must enter dollar amount)**

Please note the amount requested will be split evenly over all semesters indicated above

Grade Level 1 - Independent Student	**_Grade Level 2 - Independent Student_**
$3,500 Subsidized Loan	*$4,500 Subsidized Loan*
$6,000 Additional Unsubsidized	$6,000 Additional Unsubsidized
Grade Level 1 - Dependent Student	**_Grade Level 2- Dependent Student_**
$3,500 Subsidized Loan	$4,500 Subsidized Loan
$2,000 Additional Unsubsidized	$2,000 Additional Unsubsidized
Parent Loan (PLUS)	Parent Loan (PLUS)

Grade Level 1 = successful completion of less than 30 college-level credit hours
Grade Level 2 = successful completion of 30 or more college-level credit hours

4. **I or someone in my household is receiving a military housing allowance or live on a military base** ☐ yes or ☐ no
5. **Anticipated Graduation: (circle one)**   May   August   December   Year:_____

STUDENT CERTIFICATION

I certify that all the information on this application is true and complete. I recognize that it is my responsibility to read the Borrower Rights and Responsibilities. By signing below, I certify that these funds will be used for educational purposes and in accordance with the rules and regulations set forth by the Department of Education. I understand that should **I fall below six credits in any term within the loan period prior to disbursement, that term disbursement, and all following disbursements will be cancelled, and a new loan request must be submitted to borrow again.** I also understand I have the right to cancel all or a portion of my awarded loan amount.

Student Signature: _____ **Date:** _____

EdisonState
COMMUNITY COLLEGE

FOR OFFICE USE ONLY

Student ID	SSN	DOB
Dependency Status: I D	**Grade Level:** FR SOPH	**Housing Status:** 1 2 3
EFC 3 4 7 12 :	**Active Program:**	
SAP Status:	**First-Time Borrower:** Y N	**NSLDS History:** None Good Close to Limits
Sub Used:	**Unsub Used:**	**Total Used:**
PLUS Denial: Y N	**Parent Refusal:** Y N	**File Complete Date:**

Term	Credits	Base COA	Extra Program Fees	Total COA
Summer				
Fall				
Spring				
Licensure Fees *Given 1x annually	███████████████████████			
Totals				

*If extra program fees are based on enrollment level (EL), multiply the amount on the COA sheet by .25 for LTHT, .5 for HT, and .75 for 3QT based on the semester's enrollment and list that amount in the chart above. If the extra program fees are per award period (AP), put the amount listed on the COA sheet in each semester of enrollment on the chart above.

Calculations:
COA = total semesters student is requesting loans
EFC = # associated with months in the semesters student is requesting loans (i.e. Summer = 3, Fall/Spring = 4)
EFA = Estimated Financial Aid (grants, scholarships, waivers, third-party, etc)

Sub Calculation:
_____ (COA) – _____ (EFC) – _____ (EFA) =_____

Unsub Calculation:
_____ (COA) – _____ (EFA) – _____ (Sub eligibility) =_____

Total Amount Requested: _____

Sub Amount Approved:_____ **Unsub Amount Approved:**_____

**Add award to AIDE, leave comment, Run CODE, save CODE run PDF to shared drive

Comments:_____
_____

Reviewer:_____ **Date:** _____