



Active Bankruptcy Aid Eligibility Review Request

CXXBKRP

According to the National Student Loan Data System (NSLDS), you have one or more prior student loans or grant overpayments in active bankruptcy status. Currently, NSLDS has information that indicates the defaulted student loan or grant overpayment is "NON-dischargeable" in your bankruptcy petition/schedules, which means you are considered ineligible for further Title IV federal aid until you have resolved the default or grant overpayment.

If you wish us to review your Title IV federal aid eligibility, please complete Part A below and have the holder of the loan or grant overpayment complete Part B.

PART A: STUDENT INFORMATION Name: _______ Student ID : Street Address: _______ State: ______ Zip: Primary Phone: ____, holder of my prior loans or grant I, the student, give my permission for _____ overpayments included in my active bankruptcy claim, to disclose the information requested below to Edison State Community College. Student Signature: PART B: LOAN AND/OR GRANT OVERPAYMENT INFORMATION (to be completed by debt holder) The above individual has included a debt that your organization holds from either a prior defaulted student loan or grant overpayment in an active bankruptcy claim. Please provide the following information regarding that debt so we may review the student's Title IV federal aid eligibility. Organization Holding the Loan Debt or Grant Overpayment Claim: 1. Was the prior student loan in repayment or grant overpayment outstanding for at least seven (7) years, excluding any periods of forbearance or deferment? ⊓ No □ Yes 2. To your knowledge has the Bankruptcy Court determined that the repayment of the debt would constitute an undue hardship to the debtor and his/her dependents? □ Yes Has the debtor made satisfactory repayment arrangements with you, the debt holder, on the outstanding balance since the bankruptcy claim was filed? Is the outstanding debt subject to discharge under the current active bankruptcy claim? □ Yes □ No If no, please explain if questions 1 & 2 were answered yes. Print Name of Representative Completing Form: Title/Department: _____ _____ Date: ____ Representative Signature:

Please return this completed form to: Edison State Community College Office of Financial Aid 1973 Edison Drive; Piqua, OH 45356

OR

financialaid@edisonohio.edu