



☐ **Anaheim Main Campus:** 1126 N. Brookhurst St., Anaheim, CA 92801-1701  
**Tel:** 714-533-1495 **Fax:** 714-533-6040  
☐ **Los Angeles Campus:** 2727 W. 6th St., Los Angeles, CA 90057-3139  
**Tel:** 213-738-0712 **Fax:** 213-480-1332

## STUDENT DIRECT LOAN REQUEST STATEMENT

**BORROWER'S NAME:** \_\_\_\_\_

(PLEASE PRINT)

*Last*

*First*

*Middle*

**STUDENT ID#:** \_\_\_\_\_ **DRIVER'S LICENSE #:** \_\_\_\_\_ **STATE:** \_\_\_\_\_

**SOCIAL SECURITY NUMBER:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_

**STREET ADDRESS:** \_\_\_\_\_

*Street*

\_\_\_\_\_

*City*

*State*

*Zip Code*

**HOME PHONE:** \_\_\_\_\_ **E-MAIL ADDRESS:** \_\_\_\_\_

*My signature below constitutes my request for a loan under the William D. Ford Direct Loan Program for attendance at South Baylo University.*

I. I request a direct loan for (fill out the loan amount for each type):

☐ Subsidized Stafford Loan

☐ Unsubsidized Stafford Loan

☐ Grad Plus or Parent Plus

*initial* \$ \_\_\_\_\_

*initial* \$ \_\_\_\_\_

*initial* \$ \_\_\_\_\_

II. I authorize and understand Title IV Loan funds will be credited to

my Student Account by Electronic Funds Transfer (EFT). \_\_\_\_\_  
*initial*

III. I request this loan to cover the following period(s) of enrollment:

\_\_\_\_\_ *year* Fall \_\_\_\_\_ *year* Winter \_\_\_\_\_ *year* Spring \_\_\_\_\_ *year* Summer

IV. Please initial the following boxes after you have read the statements, then sign and date below.

☐ I understand that this loan is to be used for educational purpose while attending South Baylo University and will use the proceeds from this loan accordingly. I also understand that this and any other student loan that I may have acquired must be repaid, with interest, and that I may be charged interest on some of my loan funds even while I am in school.

☐ In addition, I understand that I must sign a Master Promissory Note (MPN) to get this loan (if I have not already done so), that I may receive additional loans in the future using this MPN, and that all debts acquired under this MPN are fully enforceable in the court of law.

☐ I further understand that I must immediately notify my lender if my status as a student changes and that failure on my part to adhere to the terms and conditions of my loan may result in default and forfeiture of some of the benefits afforded me in this program.

☐ Finally, I understand that I have other rights and responsibilities, and that if I am not fully aware of them, I will ask the financial aid office at my school to provide me with the information.

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_