



Westminster Seminary California

REQUEST FOR ADDITIONAL FEDERAL STAFFORD LOANS

2007-2008

- Complete this form if you have previously declined all or part of a Federal Stafford loan (subsidized or unsubsidized) for which you are eligible and now wish to borrow all or part of the remaining eligibility. A student may receive a maximum of \$20,500 in Federal Stafford loans (combined subsidized and unsubsidized) per academic year.
- Stafford loans are offered only to students who are at least half-time (enrolled for 6 units or more per semester).
- For additional information please visit our website, www.wscal.edu/admissions/financialaid, or see the Financial Aid section of the academic catalogue.

STUDENT INFORMATION *(type or print clearly in ink)*

Full legal name of applicant: _____

Address: _____ Apt: _____

City: _____ State: _____ Zip: _____ Phone: (____) _____

Email: _____ Social Security Number: _____

LOAN TYPE REQUESTED

- Subsidized Loan (need-based loan; federal government pays interest while in school; yearly max \$8,500)
- Unsubsidized Loan (not need-based; interest accrues and is added to principle while in school; yearly max of \$12,000-20,500 based on amount of subsidized loan received)

AMOUNT REQUESTED

- Maximum for which I am eligible; **OR**
- Fall 2007: \$ _____ + Spring 2008: \$ _____ = Total*: \$ _____

*If you request more than your maximum eligibility, the loan will be certified for the maximum amount only.

SIGNATURE AND POLICIES

Please read and sign the following:

I certify that I will use all financial aid proceeds solely for educational expenses related to attendance at this institution. I understand that eligibility for financial aid while at the seminary is based on courses officially administered and offered through this institution. I authorize the seminary to apply any financial aid proceeds toward payment of tuition, fees or other charges billed by Westminster Seminary California. I make this request voluntarily in order to be assured that my tuition, fees and other charges to WSC will be paid.

Signature of Applicant _____ Date _____

RETURN THIS FORM TO: Financial Aid Coordinator, 1725 Bear Valley Parkway, Escondido, CA 92027

Email: hgideon@wscal.edu

Phone: (760) 480-8474, ext. 137

Fax: (760) 480-0252

(For Office Use Only)

Date Received _____ By: _____

Amount Approved: Sub _____ Unsub _____