MIDDLESEX COMMUNITY COLLEGE FINANCIAL AID OFFICE 2012 – 2013 Federal Direct Loan Request Form

Name	:			MCC I	D: A	
	Last	First	MI Commont doe			
			Current day	time telephone:_		
	your direct costs of tuit additional request. If your award letter has However, some studer form to request studen limits and prior borrowi	ncial Aid award letter indicates th tion, fees, and books. You can a s no loan offered, we believe yo nts have educationally related e nt loan funds you have not been ing. nount is <u>denied or reduced</u> you	accept up to that amount ou can pay for these costs expenses for which they w o offered on your award le	on-line at <u>www.middle</u> with the offered gran ish to borrow additior tter. Your request ma	enet.middlesex.mas hts. hal federal student lo y be restricted by fer	<u>s.edu</u> without any ban funds. Use this
Wher	n do you expect to co	mplete your current prog	ram of study at MCC	? Month	Year	
For w	/hat semester(s) do y	vou need this loan?	_ Fall & Spring	_ Fall only	Spring only	Summer only
How I	much do you want to	borrow? This amount is	additional	OR tota	ıl	
\$	to cover re	emaining tuition and fees				
\$	to cover be	ooks and supplies				
\$	to cover he	ealth insurance fee that c	an't be waived			
\$	total from s	side 2				
\$	TOTAL					
Chec	k one: (must be cor	mpleted before your loa	an request can be re	eviewed)		
	_I am a first time fede	eral Direct Loan borrower	r. Go to <u>www.studen</u>	loans.gov and co	omplete	
	a. Entrance Cou	inseling session. Date co	ompleted:			
	b. Master Promis	ssory Note. Date comple	eted:			
	_I have borrowed fed	leral Direct Loans before.				
	Go to www.NSLD	S.ed.gov Click on financ	ial aid review and fol	low instructions t	o sign in. Repor	t your total loan
	balance here	\$				
	Go to www.direct.	ed.gov Click on Calculat	tors, then click on Sta	andard, Extended	d, and Graduate	d Repayment
	Calculator to calcu	ulate your anticipated mo	nthly loan payment b	ased on your tot	al loan balance,	including the loan
		urrently requesting. Repo		-		-
State	ement of Unders	standing				
		e following conditions regard	ding my Endoral Direct	Loop:		
	· ·	C C	•			
M of 2. If be	liddlesex Community Colle fficially withdrawn, stopped I am a first time borrower, e credited to my student a		n this loan to be credited t ses, or do not return the f Counseling session and a	o my student account ollowing semester. Master Promissory N	t. Terminating my en lote before any mor	rollment means I have
 Ir Ca Ir 	must maintain six credit ho anceled. must repay my loan(s) eve	be reduced or rejected based o burs throughout each semester en if I don't complete my educat row must be repaid with interes	in order to receive the loat	n proceeds. If I drop	below six credits	•
		ust contact the Student Informa		if I change mv name.	address, telephone	number. Social

6.	While enrolled at MCC, I must contact the Student Information Center within 5 days if I change my name, address, telephone number, Social
	Security number, graduation date, and contact the Financial Office if I transfer to another school, withdraw, or reduce my semester enrollment to
	less than six credits.

_Date: _____/___/____/

Middlesex Community College students are strongly urged to limit educational borrowing whenever possible. Federal student loans should be used to assist with the <u>additional costs</u> associated with going to college, not to cover personal <u>existing expenses</u>.

If you believe you have additional costs other than for tuition, fees, books, and/or MCC health insurance you must provide additional information:

How much do you want to borrow for additional costs?

\$______ to cover transportation costs – not to exceed \$300 per semester Federal student loans <u>cannot</u> be used to purchase, maintain or repair an automobile.

If you feel you have unusual transportation costs, provide a written explanation and documentation.

\$_____to cover child care costs

- a. number of children _____
- b. child care hours per week needed for education purposes ONLY
- c. Attach documentation of child care costs from your child care provider.

\$_____to cover living expenses; complete the following income and expense grid and attach documentation as required:

Living Expenses	Monthly Amount during school
Rent/Mortgage *	\$
Utilities *	\$
Food	\$
Personal (clothing, misc. expenses, etc.)	\$
Medical *	\$
Other (specify)	\$
	\$
*Attach documentation	
TOTAL	\$

Income, Benefits, and Resources	Monthly Amount during school
Wages	\$
Welfare benefits	\$
Food Stamps	\$
Housing Subsidy	\$
Fuel Assistance	\$
Cash Support	\$
Social Security	\$
Child Support	\$
Alimony	\$
Unemployment	\$
Other (specify)	\$
TOTAL	\$

\$_____TOTAL amount requested on side 2 (please add this amount to your total on page 1)

Return to: 591 Springs Road, Bedford, MA 01730 Tel. (781) 280-3650 OR

33 Kearney Square, Lowell, MA 01852 Tel. (978) 656-3242

Email: <u>financialaid@middlesex.mass.edu</u> ♦Office hours M-F, 8:30am - 5:00pm ♦