

2009-2010 FEDERAL DIRECT STAFFORD LOAN PROCESSING REQUEST FORM

If you wish to apply for a Federal Direct Stafford Loan, please file the Free Application for Federal Student Aid (FAFSA) with the Federal Government and complete and return this form to: **Sherill Ashe, Division of Graduate Medical Sciences: 72 East Concord Street, Room L 317, Boston, MA 02118.**

A. I wish to apply for a **Subsidized** Stafford loan in the amount of \$_____ I am aware that a **maximum of \$8,500** may be Subsidized Stafford and that my eligibility for Subsidized Stafford may be less than \$8,500 depending upon my expected Federal contribution as determined by the FAFSA. The difference between my subsidized eligibility and the amount I am requesting will be in Unsubsidized Stafford. Please **circle** the amount if you only wish your **subsidized** eligibility (no unsubsidized loan consideration) if it is determined that you are not eligible for the entire amount you requested in Subsidized Stafford.

B. In addition, I wish to apply for an **Unsubsidized** Stafford loan \$_____ (Combined subsidized and unsubsidized loan cannot exceed **\$20,500** per academic year).

C. Number of Credits: Fall 2009:_____ Spring 2010:_____ Anticipated Grad date:_____

D. STATEMENT OF EDUCATIONAL PURPOSE & CERTIFICATION

I will use all Title IV money received only for expenses related to my study at Boston University

Certification Statement on Refunds and Default

I certify that I do not owe a refund on any grant or loan, am not in default on any loan or have made satisfactory arrangements to repay any defaulted loan, and have not borrowed in excess of the loan limits, under Title IV programs, at any institution.

WARNING: To receive any Title IV financial aid, you must complete the Statement of Educational Purpose and Certification, Statement on Refunds and Default, and you must be registered with Selective Service, if you are required to register. If you purposely give false or misleading information, you may be subjecte to a fine up to \$10,000, imprisonment, for up to 5 years, or both.

E. List any funds anticipated for 2009-2010 from a source other than from the Division of Graduate Medical Sciences. Include veteran's benefits, tuition reimbursement, private scholarships, etc.

Source: _____ Amount: _____

F. Statement of My Responsibilities

I understand my responsibility to promptly provide to the Division of Graduate Medical Sciences Financial Aid Office the following, which may reduce my eligibility for a Direct Loan: all financial aid I receive from any source, any change in my full-time/part-time status, and any change in my degree status.

Name: _____ **Social Security Number:** _____
Last name First

Signature: _____ **Date:** _____

- By signing this form I acknowledge that I have read and agree to the above terms and to the terms discussed in the Federal Direct Stafford Loan Fact Sheet.