2017-18 Federal Direct Stafford Loan Application for Graduate Professional Studies

Name: __________________________________________ Sage ID: ________________________________

Email: ___________________________________ Phone Number: ________________________________

Program: ___________________________________________ Expected graduation date: __________

Degree Program: __________________________________________

How many credits do you anticipate taking each session? __________
Please note: to be eligible for Stafford loan funds you must be enrolled in at least 6 credits each semester.

Summer 17______ Fall 1 _______ Fall 2 _______ Spring 1 _______ Spring 2 _______

I will/have filed(d) my FAFSA on ______________.

DATE

Total loan amount you are requesting for the 2017-2018 academic year to the extent you are eligible:

$ __________

Stafford Loan Eligibility and Details:

- Must be enrolled at least half-time (i.e., 6 credits) in a degree program in each term for which you wish to receive Stafford Loan
- Must have a valid FAFSA (this application must be filed online at www.fafsa.ed.gov)
- $20,500 is the maximum amount that can be borrowed per academic year (loan amount cannot exceed the calculated cost of attendance)
- Stafford Loan is only available in the unsubsidized version for continuing education students
- Interest rate: 5.31% if first disbursed on or after 07/01/16 and before 07/01/17
- Origination Fee: 1.069% for loans first disbursed on or after 10/01/16 and before 10/01/17

Before any financial aid can be awarded, please be sure you have submitted your application for admission. You must be accepted into a degree program and be making satisfactory academic progress in order to be awarded financial aid.

My signature below certifies that I am aware this is only an application for a loan. I must sign and complete a Master Promissory note, and complete entrance counseling, at www.studentloans.gov if I am required to do so. I understand that it is my responsibility to follow up on the status of my loan application. I will promptly provide notification to the Office of Student Financial Services of all financial aid I receive from any source, any change in the number of credits enrolled in any term, and any change in my degree status-any of which may result in an adjustment or cancellation of my financial aid package. All charges on my student account not covered by financial aid are my responsibility.

SIGNATURE: __________________________________________ DATE: __________________________

Return this form to: Office of Student Financial Services, MS 027, Waltham, MA 02454-9110; fax (781) 736-3719; finaid@brandeis.edu