



2019-20 Federal Direct Stafford Loan Application for Graduate Professional Studies

Name: _____ Sage ID: _____

Email: _____ Phone Number: _____

Program: _____ Expected graduation date: _____
Month/Year

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.

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 2019-2020 academic year to the extent you are eligible:

\$

One amount for entire academic year. Loan requests are equally disbursed among all semesters in which student is attending and 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: 6.6% if first disbursed on or after 07/01/18 and before 07/01/19
- Origination Fee: 1.062% for loans first disbursed on or after 10/01/18 and before 10/01/19

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