

Financial Aid Office

University of South Carolina Lancaster

PO Box 889 • Lancaster, SC 29721-0889

Phone: 803-313-7068 • Fax: 803-313-7116 • E-mail: usclfa@gwm.sc.edu

<http://usclanaster.sc.edu/admissions/Finaidhm.htm>

STAFFORD ADDITIONAL UNSUBSIDIZED LOAN REQUEST FORM

I, _____, (XXX-XX-____), do hereby request to borrow
(Printed Name) (Last 4 digits of SSN)

an Additional Unsubsidized Stafford Student Loan from the same lender that I borrowed my initial Stafford Loan from, in the amount of \$_____.00

Please indicate the semester in which the disbursement is to be released. (Circle all that apply)

Fall Spring Maymester Summer I Summer II

Maximum Eligibility by hours completed

Dependent Students:

\$1000.00/semester (\$2000 per academic year)

Independent Students/ or Dependents denied Parent Loans:

0-59 hours \$3000.00/semester (\$6000 per academic year)

60+ hours \$3500.00/semester (\$7000 per academic year)

Unsubsidized Loans accrue interest while the student is in school.

The Current Interest rate on Unsubsidized Loans is: 6.8%

Students who exceed \$2000 in additional unsubsidized loans for the semester are required to schedule an appointment with a Financial Aid Counselor to complete additional entrance counseling.

By signing this form, I am hereby stating that if I am borrowing more than the \$2000 additional unsubsidized loan, that I am either an Independent Student or that I am a Dependent Student whose parent has been denied a Parent PLUS Loan. I also certify that any Additional Unsubsidized Stafford Loan borrowed will be used for educational expenses only. If I do not meet these requirements, I am not eligible for an Additional Unsubsidized Stafford Loan. I understand that I am responsible for any other debt I owe the University of South Carolina Lancaster, whether or not I am approved for this loan.

Student Signature

Date

Financial Aid Office Use Only

_____-_____-_____
Student SSN

Processed By _____

Printed Name

Date

Signature

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