



# 2010 - 2011 FINANCIAL AID REQUEST FORM

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Name \_\_\_\_\_ Social Security Number \_\_\_\_/\_\_\_\_/\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_

Phone Number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Program \_\_\_\_\_

New Student

Continuing Student

\* (see important notice regarding loan lender.)

## Enrollment Status

I plan to register at least half time (4 credits each for Fall/Spring and 3 credits for Summer) for the following terms:

### Check all semesters attending

Summer 2010

Fall 2010

Spring 2011

**Loan Amount** - Initial award will be the maximum Federal Direct Loan amount for which you are eligible (\$10,250 per term for most programs). You may revise this amount with written notification to our office.

\* see "Financing your Antioch Education with Loans" – program annual maximums

Please be advised that beginning with the Summer Term for the 2010-2011 academic year, Antioch will be using the Federal Direct Loan Program **ONLY**.

**\*Continuing Antioch borrowers will be required to complete a new Master Promissory Note with the Federal Direct Loans before any funds will be disbursed\***

Federal Direct Loans MPN: <https://dlenote.ed.gov/empn/index.jsp>

***PLEASE COMPLETE THE REVERSE SIDE*** →

# Financial Aid Request Form

**Federal Work Study** – must meet eligibility requirements.

\*New students must also be accepted by the priority deadline.

**On-campus Student Assistant position:** Check terms for which you wish to be considered

Summer 2010                       Fall 2010                       Spring 2011

I give my permission, if offered work study, to release my name to staff and faculty who hire students.

## Other Expected Resources

You must inform the Financial Aid Office of all expected resources as this may impact your loan/work study eligibility.

Source	Estimated Amount for Award Year
<input type="checkbox"/> AmeriCorps	_____
<input type="checkbox"/> Employer Tuition Assistance	_____
<input type="checkbox"/> Veterans Administration	_____
<input type="checkbox"/> Vocational Rehabilitation	_____
<input type="checkbox"/> Scholarships/Grants/Fellowships	_____
Please specify source for award	_____
<input type="checkbox"/> Other _____	_____

*Please Note:* For Jonathan Daniels Scholarship information and application, visit our website at <http://www.antiochne.edu/financial/jdscholarship.cfm> or request through Admissions or Financial Aid.  
 \*New students must also be accepted into a degree program by the application deadline to be considered.

## Student Comments

\_\_\_\_\_  
 \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Financial Aid Office Use Only

Loan Period: \_\_\_\_\_ to \_\_\_\_\_                      Grade Level \_\_\_\_\_

Completion Date: \_\_\_\_\_

Disbursement dates: 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_

Subsidized amount    \$ \_\_\_\_\_                      \$ \_\_\_\_\_                      \$ \_\_\_\_\_

Unsubsidized amount \$ \_\_\_\_\_                      \$ \_\_\_\_\_                      \$ \_\_\_\_\_

Certified by: \_\_\_\_\_ Date \_\_\_\_\_