

LOAN REQUEST FORM

STUDENT INFORMATION:

Semester or School Year: _____

Student's Name (Please Print)

____-____-_____
Social Security Number

LCSC ID Number

Local Address

City

State

Zip Code

REQUESTED AMOUNT OF LOAN: \$ _____ Perkins Loan Nursing Loan
 Subsidized Unsubsidized

(**MUST** be completed or request will not be considered.)

Note: amount requested will be disbursed in 2 disbursements.

Briefly describe reason(s) for making this request: (If additional room is needed, please use the back of this form or a separate sheet of paper.)

Student's Signature **Date**