

FOR OFFICE USE ONLY	MPN
ECD	YR IN SCHOOL
HOURS	FALL/SPRING Enrollment



Sign & Return to FAO
2015-2016 PARENT LOAN REQUEST FORM

Return to: Financial Aid Office
 100 Purpose Road
 Pippa Passes, KY 41844
 606.368.6002(F)
 606.368.6058(P)

TO BE COMPLETED BY STUDENT:

Last Name: _____ Middle I: _____ First Name: _____
 Last four digits of SSN: _____ Student ID: _____

TO BE COMPLETED BY PARENT:

Last Name: _____ Middle I: _____ First Name: _____
 Last four digits of SSN: _____

I (the parent) request a loan for (enter amount): \$_____.00 FALL/SPRING Loan amounts are for the whole academic year and will be divided equally. In addition, I understand that I must sign a Master Promissory Note (MPN) to get this loan.

*I (the student) understand that loan amounts, in combination with all other Financial Aid received, cannot exceed my Cost of Attendance and cannot exceed the amount I am federally eligible for based on the number of college hours I have completed. I also understand that this and any other student loan that I may have acquired must be repaid, with interest, and that I may be charged interest on some of my loan funds (if unsubsidized) even while I am in school.

We understand that this loan is to be used for educational purposes while attending Alice Lloyd College.

In addition, I understand that I must sign a Master Promissory Note (MPN) to get this loan.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

ALL DOCUMENTATION NEEDS TO BE RETURNED PRIOR TO AUGUST 1, 2014