



2015-2016 PERKIN'S LOAN REQUEST FORM

TO REQUEST PERKIN'S LOAN FUNDS, COMPLETE THE FOLLOWING:

Name: _____ SSN: _____ - _____ - _____

Date of Birth: _____ Drivers License #: _____ Graduation Date: _____

Address: _____
Street, Apt. #, P.O. Box City St Zip State Phone: (____) _____

Email: _____

1. Period you want this loan to cover:

- Academic Year*
- Fall Semester only*
- Spring Semester only*

2. Maximum amount you want to borrow for the term(s) indicated above (see award letter for amount):

\$ _____ .00

3. **I have read and completed the Loan Information Questionnaire on the back of this form.**

4. Please read and sign below.

- I have read and understand the Perkin's loan request form.
- I understand that this is a request for a loan that must be **REPAID**
- I understand I have the right to refuse or reduce any student loan amount by making the request in writing to the Office of Student Financial Aid.

Student Signature

Date

Loan Information Questionnaire and Statement of Responsibilities

Instructions:

Complete the information requested on this form.
Promptly return the completed copy of this form, along with your Federal Perkins Loan Promissory Note, to the Financial Aid at UGF.

Borrower Information:

Name _____ SSN _____

Address _____

Street City ST Zip Code
Telephone () Drivers License Number _____

Spouse Information: (if applicable)

Name _____ SSN _____

Employer Information:

Employer Name _____ Employer Telephone () _____

Employer Address _____
Street City ST Zip Code

References: (All students must complete this section. If parent(s) is deceased, please so indicate.)

Father _____ Telephone () _____

Address _____
Street City ST Zip Code
Employer _____ Employer Telephone () _____

Mother _____ Telephone () _____

Address _____
Street City ST Zip Code
Employer _____ Employer Telephone () _____

Please provide information for 2 other friends or relatives who will always know your current address.

Name _____ Telephone () _____

Address _____
Street City ST Zip Code

Name _____ Telephone () _____

Address _____
Street City ST Zip Code

Borrower Statement: I hereby certify the information provided above is true and complete to the best of my knowledge. I further certify that I have read and understand the Statement of Responsibilities on the reverse side regarding my Federal Perkins Loan.

Signature of Borrower: _____ Date: _____