

Federal Direct Loan Request Form Request to Borrow Less than Maximum Federal Student Loans

Student Last Name: _____ First Name: _____

Student ID: _____

Indicate the institution you attend:

- Bon Secours Memorial College of Nursing (BSMCON)
- St. Mary's Hospital School of Medical Imaging (SOMI)
- Southside College of Health Sciences (SCHS)

Requested Loan Amount

- Process my loan to cover tuition and fees only (subject to limitations on eligibility based on grade level)
- Process subsidized loans only (also select an option from below)
 - If I am not eligible for subsidized loan funds, I do not authorize the College to award me unsubsidized loan funds. I understand that my loan will not be processed if I am ineligible for a subsidized loan
 - If I am not eligible for subsidized loan funds, I authorize the College to award the maximum unsubsidized loan I am eligible for instead

Student Signature: _____

Date: _____