



STUDENT LOAN ACCEPTANCE FORM

Student Loans applications cannot be processed until all requirements have been met. All borrowers must complete this form for each loan they borrow. It can be mailed to the Financial Aid Office, Garden City Community College, 801 Campus Drive, Garden City KS 67846, or faxed to 620-276-9650. A Federal Direct Loan Master Promissory Note (MPN) and Loan entrance counseling is required for first-time borrowers.

STUDENT NAME _____ ID# _____

PERMANENT ADDRESS _____

CITY _____ STATE _____ ZIP _____ PHONE # _____

EMAIL ADDRESS: _____

Two complete references are required. We prefer a parent as first reference for all students, but will accept other adult family members. References must reside in the United States and have different addresses and different phone numbers.

Full Name _____ Full Name _____

Address & PO Box _____ Address & PO Box _____

City, State & Zip _____ City, State & Zip _____

Phone# _____ Phone# _____

Relationship to you _____ Relationship to you _____

1. Indicate the semester(s) for which you are borrowing a loan:

_____*Fall/Spring (Aug 2019-May 2020) ____Fall Only (Aug 2019-Dec 2019) ____Spring Only (Jan 2020- May 2020)

2. Enter the TOTAL amount of Stafford Loan you are requesting for the semester(s) you marked:

\$ _____ *Fall/Spring loan amounts will be split equally between the two semesters.

_____ Initial here if you do not want to be considered for an unsubsidized loan.

Borrower Signature _____ **Date** _____

I understand that my Stafford Loan funds will be applied to my educational charges at Garden City Community College before I receive any refund from the loan.

DEADLINES FOR SUBMITTING LOAN REQUIREMENTS:

FALL ONLY LOANS- DECEMBER 3, 2019 OR 7 BUSINESS DAYS PRIOR TO YOUR LAST DAY OF ATTENDANCE, WHICHEVER OCCURS FIRST.

FALL/SPRING AND SPRING ONLY LOANS- MAY 5, 2020 OR 7 BUSINESS DAYS PRIOR TO YOUR LAST DAY OF ATTENDANCE, WHICHEVER OCCURS FIRST.