



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# _____

LOCAL ADDRESS _____

CITY _____ STATE _____ ZIP _____ LOCAL PHONE _____

EMAIL ADDRESS: _____

Two complete references are required. References must reside in different U.S. households with different phone numbers. We prefer parent as first reference for all students, but will accept other adult family members. Do not list your spouse as a reference.

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. This loan acceptance form is for **SUMMER 2020 ONLY**
(May 2020 – August 2020)

2. Enter the **TOTAL** amount of Stafford Loan you are requesting for summer 2020:

\$ _____

_____ 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.

**THE DEADLINE FOR SUBMITTING LOAN REQUIREMENTS IS 7 BUSINESS DAYS PRIOR
TO YOUR LAST DAY OF ATTENDANCE**