|   | FINANC                              | IAL AID OFFICE  | finaid@               | Ogcccks.edu • (620)-276-9519 • Fax (620)-276-9650               |  |
|---|-------------------------------------|-----------------|-----------------------|---|--|
|   |                                     | DEN CITY        |                       | 801 Campus Drive<br>Garden City, Kansas 67846<br>www.gcccks.edu |  |
| <b>STUDENT LOAN ACCEPTANCE FORM</b>   |                                     |                 |                       |   |  |
| Student Loans applications cannot be processed until <u>all</u> 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#                   |   |  |
| PERMANE   | ENT ADDRESS                         |                 |                       |   |  |
| CITY  |                                     | STATEZ          | IPPHC                 | DNE #   |  |
| EMAIL ADD   | DRESS:                              |                 |                       |   |  |
| <b>Two complete references are required.</b> 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 <u>different</u> addresses and <u>different</u> 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<br>(Aug 2021-May 2022) | Fal<br>(Aug 202 | l Only<br>1-Dec 2021) | Spring Only<br>(Jan 2022- May 2022)                             |  |
| 2. Enter the <u>TOTAL</u> amount of Stafford Loan you are requesting for the semester(s) you marked:  |                                     |                 |                       |   |  |
|   | \$                                  | *Fall/Spring    | loan amounts will b   | be split equally between the two semesters.                     |  |
| Initial here if you <u>do not want</u> 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.  |                                     |                 |                       |   |  |
| <u>DEADLINES FOR SUBMITTING LOAN REQUIREMENTS:</u><br><u>FALL ONLY LOANS</u> - NOVEMBER 30, 2021 <u>OR</u> 7 BUSINESS DAYS PRIOR TO YOUR LAST DAY OF<br>ATTENDANCE, WHICHEVER OCCURS FIRST.<br><u>FALL/SPRING AND SPRING ONLY LOANS</u> - MAY 3, 2022 <u>OR</u> 7 BUSINESS DAYS PRIOR TO YOUR LAST<br>DAY OF ATTENDANCE, WHICHEVER OCCURS FIRST.  |                                     |                 |                       |   |  |