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| A. Student Information | |
| Student's Name: _____ | FRC ID: _____ |
| I expect to complete my major/degree/program/transfer at FRC by: _____ | Month/Year: _____ Month Year |

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| B. Notices |
| If you receive or will receive resources such as, but not limited to; books, supplies, parking vouchers, grants, scholarships, etc., from TRiO, EOPS, CARE, CalWorks, Student Equity, or other entities, it can affect your financial need. If not monitored by you, the student, it can result in an over award. If you anticipate receiving any resources such as those mentioned above, we encourage you to contact the Financial Aid Office. |
| <ul style="list-style-type: none"> • I must be enrolled in at least 6 units to receive student loans • All loans are disbursed in <u>two</u> equal disbursements, <u>including</u> single semester loans. • Loans <u>will not</u> be processed if loan type and dollar amounts are incomplete |
| I understand all the requirements listed above: _____ (initial here) |

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| C. Additional Loan Request – Please check the semester(s) you would like to request an additional loan: | | |
| <input type="checkbox"/> Fall 2019 & Spring 2020 | <input type="checkbox"/> Fall 2019 Only | <input type="checkbox"/> Spring 2020 Only |
| <i>*Both loans have a current interest rate of 5.05%.</i> | | |
| <input type="checkbox"/> Subsidized Loan | <input type="checkbox"/> Unsubsidized Loan | |
| Original Amount: | Original Amount: | |
| <i>Additional Amount Requested:</i> | <i>Additional Amount Requested:</i> | |
| *New Loan Amount: | *New Loan Amount: | |

New loan amount equals **original amount plus additional amount requested.*

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| F. Student Certification and Signature – I understand that this a federal educational loan that I must repay and, by signing this application, I am authorizing Feather River College to process my request for student loans as specified above. I further certify that all the information reported on this application is complete and correct. Warning! If you purposely give false or misleading information you may be fined, sentenced to jail, or both. |
| Student Signature: _____ Date _____ |

This worksheet must be signed and dated to be valid. Electronic and/or digital signatures are not valid.

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|-----------------------------------|-------------------------------------|
| For Office Use Only | |
| Additional Subsidized Amt.: _____ | Additional Unsubsidized Amt.: _____ |
| Comment(s): _____ | |
| Processed/Reviewed By: _____ | Date: _____ |