

Student Loan Request Form

Social Security #: _____ Student ID #: _____

Name: _____
Last Name First Name M.I.

Address: _____

City: _____ State: _____ Zip: _____

Telephone #: (____) _____ Date of Birth: _____

Driver's Lic. #: _____ State Issued: _____

Lender Choice: _____
(Please see Lenders and codes below. If your lender is not listed below please provide a school certification form.)

Email Address: _____

Indicate which loan(s) you are applying for:
(To process loan(s) for full eligibility enter "Maximum" on the amount line(s))

Subsidized Stafford amount: \$ _____

Unsubsidized Stafford amount: \$ _____

Indicate which term(s) you are applying for: (This field **MUST** be completed in order to process.)

____ Fall _____ Spring _____ Summer

I understand that at any time I graduate, leave school, or drop below the half-time enrollment I must complete Loan Exit Counseling. This requirement may be fulfilled via the web at www.nelnet.net. PLEASE NOTE: You MUST be enrolled at least half-time each term to receive a student loan.

Student Signature: _____ Date: _____

Please return the completed form to:

Armstrong Atlantic State University
Office of Financial Aid
11935 Abercorn Street
Savannah, GA 31419

LENDERS AND CODES NOT ON OUR ELECTRONIC LENDERS LIST

AMS Educational Loan Trust	833079	Evergreen Credit	828855
Atlanta Postal Credit Union	816319	Georgia Telco Credit Union	816480
Atlantic Coastal Credit Union	818365	Navy Federal Credit Union	815502
Bank of America	831846	PNC Bank	809921
Chase	807807	Regions Bank	800097
EFG Educational Loan Trust	833471	South Carolina Student Loan	833128