



SUMMER LOAN REQUEST

Name _____ SJC ID/ SS# _____
(Please Print)

I wish to request loan funds for Summer _____ in the amount of \$_____.
(year)

I will be taking _____ credits.

I understand this request may result in a change in my eligibility for loan funding for the subsequent semester/s.

The Office of Financial Aid will calculate which category of Stafford Loans the request falls under and the student will be sent a formal award letter in the future detailing this breakdown.

Further, I understand the amount requested is subject to a nominal origination fee and the amount disbursed to my tuition account will be reduced by this charge.

Signature **Date**

For office use only:

Subsidized Stafford \$ _____

Unsubsidized Stafford \$ _____

Approved by **Date**

Return the completed worksheet to the campus you attend:

St. Joseph's College Attn: Office of Financial Aid

Long Island Campus
155 West Roe Boulevard
Patchogue, NY 11772
FAX: 631-650-2525
PHONE: 631-687-2600

Brooklyn Campus
245 Clinton Avenue
Brooklyn, NY 11205
FAX: 718-636-6827
PHONE: 718-940-5700