**WILSON COMMUNITY COLLEGE**

**FEDERAL DIRECT LOAN DATA FORM**

**THIS FORM IS TO BE COMPLETED AND RETURNED ASAP TO:**

**CANDACE BREWER, ASSISTANT FINANCIAL AID DIRECTOR/LOAN OFFICER**

 **BUILDING F, FINANCIAL AID OFFICE**

**Fax: 252-246-1384 Email:** **cbrewer@wilsoncc.edu**

**NOTE**: Loans are offered by the College as a part of a student’s financial aid package. All financial aid is applied for and estimated financial aid eligibility is determined by completing the FAFSA on [the Federal Student Aid website](http://www.fafsa.gov/). Grant eligibility must be determined before loan eligibility. The College encourages students to borrow wisely. To prevent identity theft, State Issued ID/Driver’s license information to be provided by the Student and checked for authenticity via the State DMV website. All loans will be set up in an annual amount spread over 2 semesters unless otherwise noted. **Note: On a case by case basis, the College may choose to not certify a loan or to certify a loan in an amount less than indicated by student.**

**ANNUAL LOAN LIMITS**

**DEPENDENT: 1ST YEAR $5,500/2ND YEAR $6,500 INDEPENDENT: 1ST YEAR $9,500/2ND YEAR $10,500**

**Interest rate and origination fee can be found on** [**the Federal Student Aid website.**](https://studentaid.ed.gov/)

**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

**FIRST-TIME BORROWER:** a Student that has **NEVER** borrowed student loans at this or any other college.

**Circle the desired semester**: 2017-18 Academic Year: Summer 2018

2018-19 Academic Year: Fall 2018/Spring 2019 –Spring/ Summer 2019 – Summer 2019

\_\_\_\_ I wish to borrow the maximum I can borrow for the term indicated above.

\_\_\_\_ I wish to borrow less than the maximum. I wish to borrow $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for the term indicated above.

\_\_\_\_ I wish to set an appointment to meet face to face with the Loan Officer in Financial Aid once my loans are certified. (Not required)

**Note: Please check your student email account and the Student Planning Self Service page for updates on your loan review.**

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

**RETURNING BORROWER:** a Student that has borrowed at this college or another college in the past.

**Circle the desired semester**: 2017-18 Academic Year: Summer 2018

2018-19 Academic Year: Fall 2018/Spring 2019 –Spring/ Summer 2019 – Summer 2019

\_\_\_\_ I wish to borrow the maximum I can borrow for the term indicated above.

\_\_\_\_ I wish to borrow less than the maximum. I wish to borrow $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for the term indicated above.

\_\_\_\_ I wish to set an appointment to meet face to face with the Loan Officer in Financial Aid once my loans are certified. (Not required)

**Note: Please check your student email account and the Student Planning Self Service page for updates on your loan review.**

**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

**PERSONAL INFORMATION NEEDED TO PROCESS YOUR LOAN: (Please Print)**

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE OF BIRTH: \_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street City State Zip

PHONE # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PERSONAL EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WCC ID # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_OR LAST 4 DIGITS OF SOCIAL SECURITY # XXX-XX-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

DRIVER’S LICENSE/ID# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_STATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_EXPIRES \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

**ADDITIONAL CONTACT: Please list below 1 more individual that can locate you if needed.**

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street City State Zip

RELATIONSHIP TO STUDENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (SPOUSE, MOTHER, FATHER, ETC)

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

By my signature, I accept the offer of student loans and authorize Wilson Community College Financial Aid Office to transmit my Federal Direct Loan information electronically.

STUDENT SIGNATURE DATE