

## Summer Loan Request

## Eligibility

Students requesting a summer loan must be enrolled/planning to enroll in the following minimum credit hours:

Undergraduates: at least 6 hours Graduates: at least 3 hours

## 518 W. Locust Street, Davenport, Iowa 52803 phone 563-333-5775 fax 563-333-5818 BeeCentral@sau.edu

FINANCIAL AID OFFICE

Student Information			please print or complete electronically
Name		SAU studen	t ID#
NameLast	First	Middle Initial STAC Studen	
Enter the number of CREDIT HOU			
	Undergrad		
	ACCEL		
	Graduate	Your graduate program	
Expected graduation date		_	
Will you receive assistance and/or s	cholarships for the summer term fro	om any outside source?	no 🗆 no
If yes, please list the source(s) and a	amount(s)		
How much do you need to borrow	? Calculate your budget to help figu	re the amount you need.	Tuition
			Books
		Living ex	pense, if any
		Requested	loan amount \$
Read and check the following:			
☐ I understand that I may request	•	_	
☐ I understand that if I am enrolle			
☐ I understand that if I am enrolle	-		ours.
☐ I understand that my loan will n	-		1
☐ I understand that I must have a	current FAFSA on record in order t		od.
			D.
Student signature			Date
Office Use Only			
,			
Loan was calculated based on:	Registered hours		Tuition
	Number of weeks enrolled (we	eeks x = maintenance)	Books
		]	Maintenance
		,	Total budget
Pre	evious hours (all hours)		Other aid
+ _	Spring hours	S	Summer EFC
= _	Hours going into Summer term	n S	ummer need
Lender code/name _			
Loan period code	Grade level	_ Enrollment	☐ half
Certified loan amount Sub	Unsub		
			03.: