

Sentara College of Health Sciences

1441 Crossways Boulevard, Suite 105, Chesapeake, Virginia 23320 • Tel: (757) 388-2900

STUDENT STAFFORD LOAN REQUEST FORM

| | | |
|--|---|---------------------------|
| Academic Year: (e.g. 2009-10) | | Program of Study: |
| Student Name: (Last) | (First) | (Middle Initial) |
| Address: (Street) | (City) | (State, Zip) |
| Student Social Security Number: | Birth Date: | Student e-Mail Address: |
| Primary Contact Number: | | Expected Graduation Date: |
| Requested Loan Amount: (subsidized / unsubsidized) | Lender Name: (*See below for some Lender choices. If you do not select a lender, one will be selected for you.) | |

BORROWER CERTIFICATION:

I understand that to obtain a loan through this process I MUST:

1. Complete and return this form to the Financial Aid Office.
2. Complete an entrance counseling session at <http://www.mappingyourfuture.org> if you are a first time borrower with Sentara College of Health Sciences.
3. Sign a Promissory Note online:
 - a. For all lenders **except** Navy Federal and Bank of America go to www.ecmc.org and select "e-Sign Promissory note".
 - b. For Navy Federal and Bank of America go directly to their site.

I also understand the amount listed on this Loan Request Form will be the amount used in determining my loan eligibility and that this does not guarantee approval of the loan. By signing this LRF, I give consent to Sentara College of Health Sciences to initiate the loan process for the current academic year.

| | |
|---------------------------------|-------|
| Student (Borrower's) Signature: | Date: |
|---------------------------------|-------|

*Bank of America; EdAmerica; Navy Federal; Bank of America; Nellie Mae; Sallie Mae; Sun Trust, Wachovia & Wells Fargo.
Lender origination fees are subject to change. Please refer to lender's web site for current information.

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