

Financial Aid Office, 1502 E Lauridsen Blvd, Port Angeles, WA 98362

Link to Secure Electronic DropBox

## 2021-2022 Request for Additional Loans

Phone: 360-417-6390 Fax: 360-17-6395

## This form should only be used for making changes to <u>current</u> loan awards, for students who are currently eligible for aid.

Please read and complete every item. An incomplete form will not be processed and will cause problems and delays with your loans. To complete this form you will need access to the internet, a calculator, and a pen. Forms completed in pencil cannot be scanned into our system and will not be accepted.

Social Security Number:	ctcLink ID:	ctcLink ID:		
Last Name:	First Name:	MI:		
Date of Birth:	Email address:	Email address:		
I am enrolled in at least six credits and am	currently eligible to receive financial aid.			
I have a current loan award on file for the f	ollowing quarters (to review your awards,	log in to your Financial Aid Portal):		
Summer 2021 Fa	all 2021 Winter 2022	Spring 2022		
Total subsidized award for 2021-2022:				
Total unsubsidized award for 2021-2022	·			

For which quarter(s) do you want a loan increase or change?

SUMMER FALL

WINTER SPRING

	DEPENDENT		INDEPENDENT		Subsidized
Grade level	Annual Maximum	Quarterly Maximum	Annual Maximum	Quarterly Maximum	Annual Limit
1 <sup>st</sup> year:	\$5500	\$1834	\$9500	\$3167	\$3500
2 <sup>nd</sup> year:	\$6500	\$2167	\$10,500	\$3500	\$4500
3 <sup>rd</sup> or 4 <sup>th</sup> year (BAS Only)	\$7500	\$2500	\$12,500	\$4167	\$5500

I want to increase my award by \_\_\_\_\_ per quarter

OR

OR

## I want to receive the maximum possible loan amount for which I am eligible

I want to cancel all undisbursed loan funds.

Additional Conditions of Award: Read each of the following statements, check the acknowledgment box and sign below. Do not type your signature.

\* I understand that there are limits to how much I can borrow each year, as well as aggregate limits. I may not receive my full subsidized limit if I have no unmet need, and I may not receive my full annual limit if I already have other aid that counts towards my overall cost of attendance.

\* I must be enrolled in an eligible program of study at Peninsula College and be enrolled in at least 6 financial-aid eligible credits.

\* The Financial Aid Office can reduce or cancel my loan at any time, as needed.

\* If I am a new borrower at Peninsula College, my first disbursement will not arrive until after the 30th day of the quarter.

\* If I never attend some or all of my classes I could owe a repayment to the college, the Department of Education or both.

\* My loan must be repaid, even if I do not finish my degree or certificate at Peninsula College.

\* I understand that it may take up to 4 weeks for this form to be processed and that any additional disbursements I may be awarded are contingent upon my enrollment and eligibility for aid.

\* I understand that if any part of this form is incorrect or incomplete, it will not be processed and my loan award will remain as is.

## I have read and agree to all of the statements listed above.

Student Signature: \_\_\_\_\_

Date: