

**GOOD SAMARITAN COLLEGE OF NURSING AND HEALTH SCIENCE
2009-2010 STUDENT LOAN REQUEST FORM**

**COMPLETE THIS FORM AND RETURN TO THE GOOD SAMARITAN COLLEGE TO APPLY
FOR A: FEDERAL DIRECT STUDENT LOANS AND PARENT PLUS LOAN.**

I hereby authorize the GSC Financial Aid Office to release all necessary information relating to the loans I have checked below.

STUDENT PRINTED NAME _____ STUDENT SS# _____

STUDENT ADDRESS _____ CITY _____ STATE _____ ZIP _____ PHONE # _____

STUDENT SIGNATURE: _____

PRINTED PARENT NAME _____ PARENT SIGNATURE _____
(Federal PLUS Loan only)

PARENT ADDRESS _____ CITY _____ STATE _____ ZIP _____ PHONE # _____

PARENT SS # _____ PARENT DRIVER'S LICENSE # _____ PARENT
DOB _____

(PLEASE CHECK TYPE AND INDICATE LOAN AMOUNT)

___ Federal Direct Stafford Subsidized Loan AMOUNT \$ _____
1st Year Students \$3500 Maximum
2nd Year Students \$4500 Maximum

___ Federal Direct Stafford Unsubsidized Loan AMOUNT \$ _____
INDEPENDENT STUDENT ONLY
Unsubsidized \$6000 Maximum

___ Federal Direct Stafford Unsubsidized AMOUNT \$ _____
DEPENDENT STUDENTS ONLY
Unsubsidized \$2000 Maximum

___ Federal Direct Plus Loan AMOUNT \$ _____
PARENT OF DEPENDENT STUDENT ONLY
(Cost of education – one year at a time)

Private Alternative Student Loan (Interest rates are higher and rate is variable)

*** If you are interested in this type of loan please contact our office.**

**IF YOU HAVE QUESTIONS ABOUT YOUR FINANCIAL AID, WE ENCOURAGE YOU TO CALL GSC
FINANCIAL AID OFFICE AND SET UP AN APPOINTMENT.**

**RETURN BY EMAIL, FAX, OR MAIL TO:
GOOD SAMARITAN COLLEGE
FINANCIAL AID OFFICE
375 DIXMYTH AVENUE
CINCINNATI OH 45220**

PH: 513-862-2743 or FAX: 513-862-3572
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