

KU Medical Center Student Financial Aid Office
MS 4005, 3901 Rainbow Blvd.
Kansas City, KS 66160
Office (913) 588-5170
Fax (913) 588-8841

Stafford Loan Request 2008-2009

Please complete this form if you want to borrow a Stafford loan with a lender that is not currently provided on the loan list. You will need to return this completed form to our office. You will need to sign a Master Promissory Note with the lender that you have selected to process your loans.

Student's Name

KU ID

SSN

Phone

Email Address

I choose to accept the following Stafford loan amounts:

\$ _____ Federal Subsidized Stafford Loan

\$ _____ Federal Unsubsidized Stafford Loan

Can view your award amounts online at <https://sa.ku.edu/>

Requested Loan Period: Academic Year Fall Only Spring Only Summer Only
(Please check one)

Lender Selected _____ Lender Id _____

Student Signature

Date