Medical Student Summer Electives 2006
Request for Additional Loans Application

The University of Kansas Medical Center	MS 4005, 3901 Rainbow Blvd	Phone: (913) 588-5170
Office of Student Financial Aid	4003 Student Center Bldg	Fax: (913) 588-8841
www.kumc.edu/studentcenter/financial.aid.html	Kansas City, KS 66160	E-mail: financialaid@kumc.edu

If you are a medical student enrolling in summer courses and you want financial aid, please complete this form. We are required to verify your enrollment before this application can be processed. We will also verify your anticipated resources available before determining your aid eligibility.

Please print.

_____

Name Last First Middle

_____ _____

KU ID Start date of course/ end date

1. How much assistance are you requesting?
   Indicate the total amount requested $_____ or Maximum Available____

2. What type of loans will you consider? (check all that apply)
   _____ I will consider Federal Subsidized and/or Unsubsidized Stafford Loans
   _____ I will consider a long term KU Endowment Loan (co-signer required)
   _____ I will consider a private loan

You will be awarded up to the amount requested, provided you have remaining loan eligibility. The total amount awarded cannot exceed need (Subsidized) or cost of attendance (Unsubsidized, KU Endowment Loan, Private Loan).

3. What other types of resources have you or will you be given for this time period?

   _____

   _____

4. Are the course(s) you are enrolling in elective YES/ NO or remedial YES/NO?
   If the course(s) are remedial and are taken at another institution, please contact our office for additional required documentation.

BY SIGNING THIS FORM, I AM ACCEPTING THE ABOVE AWARDS.

_____ _____

Student Signature Date