

# 2017-2018 Student Aid Request Form (SARF)

## STUDENT INFORMATION

LastName: \_\_\_\_\_ FirstName: \_\_\_\_\_ MI \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZipCode: \_\_\_\_\_

Tel. No.:(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_ @ \_\_\_\_\_

### Personal References (someone who'd know your new contact information in case it changes)

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

## LOAN REQUEST and Enrollment Information

In 2017-2018 I'll be:

1st-3rd year Psy.D.

1st year M.A.

4th+ year Psy.D.

2nd year M.A.

My Estimated Graduation is:

\_\_\_\_/\_\_\_\_  
MM YYYY

The AMOUNT of LOAN funds I request for 2017-2018 is (check one box):

Tuition Only + Federal Loan fees\*

Tuition + \$ \_\_\_\_\_, \_\_\_\_\_ for living expenses (for the year)+ Federal Loan fees\*

Other (specify amount ,term,etc.): \_\_\_\_\_

\*Current Federal Loan origination fees: 1.069% Unsubsidized Loan and 4.276% PLUS Loan.

These fees are not the interest rate on the loans. The lender (ED) subtracts these fees before sending the net funds to school.

## STUDENT CERTIFICATION

MY SIGNATURE BELOW CERTIFIES THAT:

1. ALL OF THE INFORMATION CONTAINED ON THIS FORM IS TRUE, COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.
2. I AGREE TO REPORT TO THE FINANCIAL AID OFFICE AT THE WRIGHT INSTITUTE ANY CHANGES IN MY FINANCIAL STATUS, SUCH AS THE RECEIPT AND AMOUNT OF OUTSIDE SCHOLARSHIPS, STIPENDS,GRANTS, GIFTS, WORK, OR LOANS.
3. I UNDERSTAND THAT THE FINANCIAL AID OFFICE ENCOURAGES ALL STUDENTS WHO FILE TAXES TO USE THE IRS DATA RETRIEVAL TOOL IN 2017-2018 FAFSA.
4. I UNDERSTAND THAT IF I AM AWARDED FEDERAL WORK-STUDY, THE AMOUNT OF DIRECT UNSUBSIDIZED AND/OR GRADUATE PLUS LOANS FUNDS THAT I AM AWARDED MAY BE REDUCED.
5. I AUTHORIZE THE BUSINESS OFFICE TO USE MY FINANCIAL AID AWARD FUNDS TOWARD PAYMENT OF MY REQUIRED TUITION AND TOWARD HEALTH INSURANCE IF I ENROLL IN STUDENT HEALTH INSURANCE PROGRAM THROUGH THE SCHOOL.
6. I UNDERSTAND THAT MY EXPECTED FAMILY CONTRIBUTION MAY BE OFFSET BY DIRECT UNSUBSIDIZED AND/OR GRADUATE PLUS LOANS FUNDS.
7. I WILL NOTIFY THE FINANCIAL AID OFFICE, IN WRITING, IF I WITHDRAW FROM SCHOOL, TRANSFER TO ANOTHER SCHOOL, OR TAKE A LEAVE OF ABSENCE.
8. I WILL NOTIFY THE FINANCIAL AID OFFICE IN WRITING IF MY CONTACT INFORMATION CHANGES.
9. I UNDERSTAND THAT IF I HAVE EXTENUATING CIRCUMSTANCES REGARDING MY FINANCES, AND WISH TO BE CONSIDERED FOR ADDITIONAL FINANCIAL AID FUNDS,I MUST SUBMIT A WRITTEN REQUEST TO THE FINANCIAL AID OFFICE IMMEDIATELY, CLEARLY OUTLINING THE CIRCUMSTANCES AND INCLUDING ANY NECESSARY DOCUMENTATION, TO REQUEST A RE-EVALUATION OF MY FINANCIAL AID APPLICATION.
10. I UNDERSTAND THAT IF I RECEIVE A SCHOLARSHIP, I AUTHORIZE THE COLLEGE TO PUBLISH MY NAME, THE NAME AND AMOUNT OF THE SCHOLARSHIP AWARDED, MY DEGREE OBJECTIVE, MY CLASS YEAR, AND MY HOME TOWN.
11. I HAVE NEVER DEFAULTED ON A STUDENT LOAN.
12. I HAVE NEVER HAD ANY STUDENT LOANS DISCHARGED IN BANKRUPTCY.
13. I UNDERSTAND THAT ANY AMOUNTS BORROWED CANNOT EXCEED THE COST OF ATTENDANCE/BUDGET FOR MY PROGRAM AND ENROLLMENT LEVEL. IF AMOUNTS REQUESTED ARE IN EXCESS OF THE SCHOOL'S BUDGET , THE TOTAL LOAN(S) AND /OR OTHER AID WILL BE ADJUSTED ACCORDINGLY.

STUDENT SIGNATURE **E(hand written) X** \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

Submit this form via one of the following:

Scan and Email: jkalyayeva@wi.edu

Fax to: 510-845-0752

Drop off: Fin.Aid Mailbox, Room 202