

Student Loan Request Form

This is not the loan application.

You need to complete and submit a loan application to the lender in addition to this form.

Dead line to submit your financial aid forms is August 15, 2008

Complete this form and return it to the Office of Financial Aid at: University of Medicine and Health Sciences, St. Kitts
North American Administrative Office
460 West 34th Street, 12th Floor
New York, NY 10001

or Fax: 212-868-4722

Name:	Social Security Number:
Permanent Home Address:	Telephone Number:
Email Address:	

Below is the itemized estimated cost of attendance for your first academic year.
You may request funding (loans and scholarships) to match your total anticipated cost.

First Academic Year MD Program 9/08 matriculation			
September 8, 2008 - April 17, 2009			
	Semester 1	Semester 2	Total
4/18/2008	9/8/08 - 12/19/08	1/5/09 - 4/17/09	
Itemized Expenses	15 weeks	15 weeks	
Tuition	\$7,800	\$7,800	\$15,600
Room & Board	\$5,250	\$4,500	\$9,750
Transportation	\$1,275	\$1,275	\$2,550
Books & Supplies	\$700	\$700	\$1,400
Lab and Misc. School Fees	\$530	\$530	\$1,060
Personal Incidentals	\$750	\$750	\$1,500
Air Evacuation Insurance	\$77	\$77	\$154
Health Insurance	\$400	\$400	\$800
TOTAL	\$16,782	\$16,032	\$32,814

I have reviewed the estimated cost of attendance budget and will/have complete(d) a private loan application on line.
I am requesting my loan application be certified for :

- The maximum amount I am eligible for.
- \$ _____ (specify amount)
- I do not intend on applying for any student loans.

NOTICE OF LOAN CERTIFICATION E-MAIL

When your loan request has been processed, we will send an e-mail to the address you provided above.
This e-mail will detail the loan amount certified, the disbursement amounts, and the disbursement dates.

Please read and sign the statement below:

By signing below, I certify that:

- the information I have provided in my loan application materials is accurate and complete to the best of my knowledge.
- I understand I must be enrolled at least half time to remain eligible for student loans.
- I understand I must be making satisfactory academic progress to have loans certified and/or disbursed.
- I have completed the loan counseling and entrance interview
- I understand that I must pay back my student loans.
- I understand I must notify my lender of any and all of the following:
 - 1) change in address or telephone number
 - 2) name change
 - 3) if I drop below a half-time enrollment status
 - 4) if I transfer to another school
 - 5) when I withdraw or graduate

I have student loans (federal, state, private) from attending a previous institution with an outstanding balance.

The total of my outstanding loans is \$ _____

Signature:	Date:
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