

ROANOKE COLLEGE LOAN REQUEST FORM

This loan is available to students based on demonstrated financial need. It is awarded at the discretion of the Director of Financial Aid. Interested students should contact the Financial Aid Office directly before submitting an application to have their eligibility confirmed. The fixed interest rate is 8%. No interest is charged until the student is scheduled to begin repayment six consecutive months after they graduate, leave school, cease to be at least a half-time student as defined by the institution, or cease making satisfactory academic progress. If you qualify, all new borrowers are required to complete the [RC Loan Master Promissory Note](#) and the [RC Loan Request Form](#). The maximum loan amount a student may borrow in a given year is \$5,000.

All information on this form must be printed, legible and accurate. Incomplete forms will be returned.

STUDENT/BORROWER:

1. Name: _____
2. SSN: _____ - _____ - _____
3. Address: _____
4. City/State/ZIP: _____
5. Date of Birth: ____/____/____
6. Home Phone: (____) _____ - _____ Work Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____
7. Drivers License Number _____ State _____
8. Loan Period (mm/yyyy – mm/yyyy): _____/____ - _____/____
(Loan periods typically run the length of one academic year August - May. They may however be made for one semester August – December or January – May. If the loan is for a Summer session, you should indicate the month for which you are applying (June and/or July))
9. Class: FR ____ SO ____ JR ____ SR ____ Anticipated Grad Date (mm/yyyy): _____
10. **Loan Amount: \$** _____ *(Refer to award letter for loan amount.)*

Co-Maker 1 (REQUIRED for all dependent applicants):

1. Name: _____
2. SSN: _____ - _____ - _____
3. Address: _____
4. City/State/ZIP: _____
5. Home Phone: (____) _____ - _____ Work Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____
6. Co-maker's Employer _____
7. Employer's Address _____
8. Employer's Telephone Number _____

Co-Maker 2 (if required):

9. Name: _____
10. SSN: _____ - _____ - _____
11. Address: _____
12. City/State/ZIP: _____
13. Home Phone: (____) _____ - _____ Work Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____
14. Co-maker's Employer _____
15. Employer's Address _____
16. Employer's Telephone Number _____

Student/Borrower Signature: _____ **Date:** _____

Co-Maker 1 Signature: _____ **Date:** _____

Co-Maker 2 Signature (IF REQUIRED): _____ **Date:** _____