

Cost Of Program *(Please verify these figures with the contact person listed on opposite page):*

TUITION AND FEES: \$ _____
ROOM AND BOARD: \$ _____
OTHER EXPENSES: \$ _____
TOTAL: \$ _____

ENROLLMENT DATES: _____ TO: _____
mm/dd/yy mm/dd/yy

Federal Direct Loan Amount Requested (REQUIRED):

Please select the option below that reflects the amount you wish to borrow in federal Direct loan funds for the period of enrollment at your Host Institution, if eligible:

____ Maximum eligible amount (subsidized and unsubsidized)

____ Maximum eligible amount (subsidized only)

____ Other amount: \$ _____ (subsidized and unsubsidized)

____ Other amount: \$ _____ (subsidized only)

____ I do not wish to borrow a federal Direct loan

Please mark the item below to indicate whether your parent wishes to borrow a federal Direct PLUS loan for the period of enrollment covered by your Consortium or Contractual Agreement:

____ Yes, my parent plans to borrow a Direct PLUS loan if eligible

____ No, my parent does not plan to borrow a Direct PLUS loan

You will receive an award letter showing the actual amount of your eligibility for the Direct and Direct PLUS loans, along with instructions on how to apply for these loans.

Please read and sign:

I will notify the Financial Aid Office if the information regarding the cost of my enrollment at the consortium school changes, or if the dates of enrollment change.

STUDENT SIGNATURE

DATE
