Federal Stafford Loan Application — Pharmacy

PLEASE PRINT IN DARK INK, SIGN AND DATE THE FORM AND RETURN IT TO US.

1. **Name:**_____
   Last **First** **M.I.**
2. **Social Security Number:** _____
3. **Permanent Address:** _____
   Street **City** **State & Zip Code**
4. **Phone Number:** _____
5. **Date of Birth:** _____
6. **Month and year you expect to graduate:** _____

Loan Request Statement & EFT Authorization

1. I request University of Southern Nevada to forward to my chosen lender the data required to process my application for a Stafford Loan for the enrollment period indicated.
2. I am requesting a loan up to the amount indicated below, or the lesser amount for which I am eligible to borrow.
3. I understand that in order to obtain a loan through this process I must complete a promissory note, which contains my promise to repay the loan, and submit this form to the lender.
4. I understand that the Master Promissory Note may also cover borrowing in future years if I choose the same lender.

Requested Loan Amount:

Subsidized Stafford Loan: $_____

Unsubsidized Stafford Loan: $_____

Maximum Annual Federal Stafford Loan

Subsidized Loans	Unsubsidized Loans
Pharmacy 1st Year - $8,500	Pharmacy 1st Year - $25,889
Pharmacy 2nd Year - $8,500	Pharmacy 2nd Year - $24,500
Pharmacy 3rd Year - $8,500	Pharmacy 3rd Year - $28,667

1. I authorize University of Southern Nevada to apply Title IV Loan funds to any and all charges incurred by me.
2. I also authorize application of these funds to my current year balance, if any.
3. I authorize Title IV Loan funds to be credited to my Student Account by Electronic Funds Transfer (ETF).
   Yes _____ **No** _____

Lender's Name: _____ **Lender's Code #:** _____

I have previously borrowed a Stafford Loan from USN and from this lender.

Student's Signature_____

Date_____