



REQUEST FOR ADDITIONAL LOAN DEPENDENT

EITC Financial Aid Office
Phone: (208) 524-3000
Toll Free: 1-800-662-0261
Fax: (208) 525-7026
finaid@eitc.edu

1600 S. 25th E. Idaho Falls, Idaho 83404

Student's Name _____ SSN _____
(Please Print)

Parent Name (Borrower) _____ SSN _____

Address _____ Phone _____
Street City State Zip Code

Attention:: Read and follow the instructions on this form completely. Failure to complete this form in its entirety will result in the denial of your request for an additional loan.

Professional judgment may be exercised to reduce or deny requested loans. Section 478 (2)(c) of the Higher Education Act permits "on a case-by-case basis, an eligible institution may refuse to certify a statement that permits a student to receive a loan under part B or D, or may certify a loan amount or make a loan that is less than the student's determination of need (as determined under this part).... No eligible institution shall discriminate against any borrower or applicant in obtaining a loan on the basis of race, national origin, religion, sex, age, or disability status".

PART A.

Semesters in which you are requesting an additional loan: Fall _____ Spring _____ Summer _____

PART B.

Go to www.nslds.ed.gov and 'Financial Aid Review' and use your FAFSA Pin number to obtain the following information on your loan amounts. Please print out the total amount of government loans you have received from EITC and other institutions.

PART C.

Please attach a letter explaining the circumstances or reasons under which you need additional student loans. The letter must be at least a paragraph long, but please feel free to make it longer if you feel more information is required to validate your case to the Financial Aid Committee in order that they may make a better decision.

I certify that all the information in this appeal is true and accurate. I understand, if requested, that I must prove and agree to provide verification of statements I have made. I agree to the terms of this request. I will use all Title IV money received only for education expenses related to study at Eastern Idaho Technical College.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

OFFICE USE ONLY	Financial Aid Committee Members Initials: _____	Approved: _____	Denied: _____
	Financial Aid Processing Officer Initials: _____	Initials: _____	Date: _____
	Met with Financial Aid Committee: _____		