



THOMAS GOODE JONES SCHOOL OF LAW

## LAW STUDENT LOAN INFORMATION SHEET

Student Name \_\_\_\_\_ SS# \_\_\_\_\_

Faulkner ID # \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home telephone number \_\_\_\_\_ Work telephone number \_\_\_\_\_

Cell telephone number \_\_\_\_\_ Birth Date \_\_\_\_\_

Campus Attending Main \_\_\_\_\_

Program in which enrolled THIS TERM: **LAW**

I am applying for a total of \$ \_\_\_\_\_ . (This amount MUST be filled in.) These funds are needed to cover my educational expenses for the following term(s):

Summer \_\_\_\_\_ Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_

I understand that I have the right to cancel all or any of my loans and to have the loan proceeds returned to the bank. I can do this by notifying the Financial Aid Office by mail, e-mail, or telephone no later than 14 days after the school receives my Federal Stafford Loan proceeds.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**NO LOAN(S) WILL BE PROCESSED WITHOUT THIS FORM**  
**FINANCIAL AID OFFICE USE ONLY**

Grade Level \_\_\_\_\_ Enrollment Status \_\_\_\_\_ Loan Period \_\_\_\_\_

COA \_\_\_\_\_ -EFC \_\_\_\_\_ -Other Aid \_\_\_\_\_ =Subsidized Amount \_\_\_\_\_

Unsubsidized Amount \_\_\_\_\_ Total Loan Amount Certified \_\_\_\_\_

Disbursement Dates and Amounts

1. \_\_\_\_\_ Sub \_\_\_\_\_ Unsub \_\_\_\_\_
2. \_\_\_\_\_ Sub \_\_\_\_\_ Unsub \_\_\_\_\_
3. \_\_\_\_\_ Sub \_\_\_\_\_ Unsub \_\_\_\_\_
4. \_\_\_\_\_ Sub \_\_\_\_\_ Unsub \_\_\_\_\_