FINANCIAL AID OFFICE

2500 North State Street, Jackson, MS 39216 Phone: 601-984-1117 Fax: 601-984-6984

UNSUB20

UNSUBSIDIZED FEDERAL DIRECT LOAN REQUEST FOR DEPENDENT STUDENTS WITHOUT PARENTAL DATA ON FAFSA 2019-2020

Student's First Name:	UMMC ID (i.e. 300123456)
Student 5 i list Name.	OWNING 1D (I.e. 300123430)
Student's Last Name:	Phone Number:
Student's Last Name.	Phone Number.
Student's Date of Birth:	Dreaman /VD.
Student's Date of Birth:	Program/YR:

Federal regulations allow a dependent student to be awarded a Federal Unsubsidized Direct Loan if our office can verify that the parent(s) has ceased financial support and the parent(s) refuses to provide parental information on the student's Free Application for Federal Student Aid (FAFSA). **However**, **student information MUST be submitted on the FAFSA**.

The student must provide a signed and dated statement from one parent specifically stating that the parent(s):

- has stopped providing financial support to the student, including <u>the date</u> when financial support ceased
- will not provide financial support in the future (including cash and non-cash support, such as room and board)
- refuses to complete the parental section of the student's FAFSA

If the request is approved by our office, the student will be eligible to receive **ONLY** an Unsubsidized Federal Direct Loan (4.45% fixed interest rate), subject to annual borrowing limits based upon grade level. No other federal, state, or university need-based aid will be available, and the student's parent(s) will not be eligible to apply for a Direct PLUS Loan for the student.

An approved student will remain in a dependent status, and will only be eligible to apply for higher interest rate Private Student Loans if additional aid is needed during the academic year.

DEPENDENT STUDENT	Unsubsidized Stafford
ACADEMIC LEVEL	LOAN LIMIT
JUNIOR	\$7,500
SENIOR	\$7,500

If the request is denied by our office, the student must obtain the required parental information and signatures, and submit a corrected FAFSA, before any Title IV aid may be awarded.

Required Signature

I understand and accept all of the terms and conditions of this request.

Student's Signature_____

Date_____

Complete, Print, Sign, and Submit.

Return this form to:

The University of Mississippi Medical Center Office of Student Financial Aid 2500 North State Street Jackson, MS 39216

financialaid@umc.edu

Print your Name and Student ID Number on All Documents. See http://myu.umc.edu for your Financial Aid Status