

ROANOKE COLLEGE LOAN REQUEST FORM

Please print or type the following information:

STUDENT:

1. Name: _____
2. SSN: _____-_____-_____
3. Address: _____
City/State/ZIP: _____
4. Date of Birth: ____/____/____
5. Home Phone: (____) ____-____ Work Phone: (____) ____-_____
6. Drivers License Number _____ State _____
7. Loan Period (mm/yyyy – mm/yyyy): _____/_____-_____/_____
(Loan periods typically run the length of one academic year August-May. They may however be made for one semester Aug.-Dec or Jan.-May or Summer sessions)
8. Class: Fr ____ So ____ Jr ____ Sr ____ Anticipated Grad Date _____
9. Loan Amount: \$ _____ *(If blank, refer to award letter for loan amount.)*

ENDORSER:

8. Name: _____
9. SSN: _____-_____-_____
10. Address: _____
City/State/ZIP: _____
11. Home Phone: (____) ____-____ Work Phone: (____) ____-_____
12. Endorser's Employer _____
13. Employer's Address _____
14. Employer's Telephone Number _____

After completing this form, please keep the pink copy for your records and return all others to the Financial Aid Office. If you have any questions regarding this form or your Roanoke College Loan, please contact the Roanoke College Financial Aid Office at (800) 200-9221 or (540) 375-2235.

Student Signature: _____ **Date:** _____

Endorser Signature: _____ **Date:** _____

FA USE:

Date Loan Made Actual: _____

Term/Amount : _____