



Financial Aid Office STAFFORD LOAN REQUEST FORM

Please mail directly to:
HAWAII COMMUNITY COLLEGE
FINANCIAL AID OFFICE
200 W. KAWILI STREET
HILO, HAWAII 96720-4091

HAWAII COMMUNITY COLLEGE, FINANCIAL AID OFFICE

Academic Year: _____

Student's Name: _____ Social Security Number: _____
Last First M.I.

Permanent Address: _____
City State Zip

Local Address: _____
City State Zip

E-mail Address: _____ Date of Birth: _____
Must be hawaii.edu e-mail

Driver's License Number: _____ State: _____ Phone No: _____

Enrollment Period: (check all that apply)

Fall Semester

Spring Semester

Expected Date of Graduation: _____

Are you a first year, first time undergraduate Stafford Loan Borrower? Yes No

Requested Loan Amount: \$ _____

Loan Type: Subsidized Stafford Loan Unsubsidized Stafford Loan

For Unsubsidized Stafford borrowers only: Yes, I want my interest capitalized No, I prefer to pay the interest.

Would you like to request a postponement (deferment) of repayment of your Stafford and prior SLS Loan(s) during the in-school and grace periods: Yes No, I do not want a deferment.

Lender Name: _____ Lender ID Number: _____

I request Hawaii Community College to forward to ELM (Electronic Loan Processing & Management), the data required to process my application for a Federal Stafford Loan. I am requesting a loan for the enrollment period and amount listed above, or for the lesser amount for which I am eligible to borrow. I understand that on any part of my Federal Stafford Loan which is not eligible for interest subsidy (i.e., unsubsidized), interest is not paid by the federal government. I also request ELM to forward to the lender indicated above the data necessary to complete the processing of my application for a Federal Stafford Loan. I understand that if I have not electronically signed a new Master Promissory Note (MPN) at my lender's website prior to HawCC's loan certification or my lender does not participate in electronic signature, my lender will automatically send me a MPN which needs to be returned to my lender.

Student's Signature: _____ Date: _____
Students Signature Date

Return to: Financial Aid Office, Hawaii Community College, 200 W. Kawili Street, Hilo, HI 96720, Telephone: (808) 974-7663
E-Mail address: hawloans@hawaii.edu

SCHOOL SECTION: For Financial Aid Use Only

Loan Period: _____ to _____ Grade Level: 1 2 Enrollment level: F H

COA: _____ EFC: _____ Sub \$ _____ Unsub \$ _____ Total \$ _____

New Borrower: Yes No Disbursement Dates: 1st _____ 2nd _____

Certified On: _____ By: _____

Comments: _____