

# LOAN REQUEST FORM

MT. HOOD COMMUNITY COLLEGE  
OFFICE OF FINANCIAL AID Room 2253  
26000 SE STARK ST., GRESHAM, OR 97030  
503-491-7262 FAX: 503-491-7379

This form must be completed if you are applying for a Stafford and/or PLUS loan. ALL ITEMS MUST BE COMPLETED AND RETURNED TO THE OFFICE OF FINANCIAL AID. You must complete loan counseling each academic year before your Stafford loan will be certified. Once we have certified your loan application, we will mail an award letter to you at the address we have on file.

Student Name \_\_\_\_\_  
Last First Initial Maiden MHCC ID

When will you graduate or complete your studies at MHCC? Month \_\_\_\_\_ Year \_\_\_\_\_

Tentative plans after leaving MHCC: \_\_\_\_\_

## STAFFORD LOAN REQUEST

What bank do you plan to request your loan from? \_\_\_\_\_

Did you **submit** your Stafford MPN (Master Promissory Note) electronically at the bank website?  Yes  No

Have you completed online loan counseling this academic year?  Yes  No Date \_\_\_\_\_

I request the following loan type(s), to the extent I am eligible:  Subsidized Loan  Unsubsidized Loan  Both

Total requested loan amount:

\$ .00

Loan Period: Summer / Fall / Winter / Spring  
Circle all that apply

Academic Year: \_\_\_\_\_

**I UNDERSTAND THAT THIS IS A LOAN AND MUST BE REPAID**

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

## PLUS (Parent) Loan Request (for dependent students only)

Parent's Name \_\_\_\_\_  
Last First Initial SSN

What bank do you plan to request your loan from? \_\_\_\_\_

Did you **submit** your PLUS MPN (Master Promissory Note) electronically at the bank website?  Yes  No

Total requested loan amount:

\$ .00

Loan Period: Summer / Fall / Winter / Spring  
Circle all that apply

Academic Year: \_\_\_\_\_

**I UNDERSTAND THAT THIS IS A LOAN AND MUST BE REPAID**

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_