



PONCE SCHOOL OF MEDICINE & HEALTH SCIENCES
FINANCIAL AID OFFICE

PO Box 7004 - Ponce PR 00732

REQUEST FOR AIDS AND LOANS
ADJUSTMENTS TO FINANCIAL AID AWARD
ACADEMIC YEAR: 2012-2013

Form with fields for Student's Name, Program, Class, Social Security Number, Email Address, Address, City, State, Zip Code, Home Phone Number, Mobile, and living arrangements (Boarding, With Parents, Will Travel).

CHECK THE STATEMENTS BELOW:

I WISH TO BORROW \$ FROM THE FEDERAL UNSUBSIDIZED LOAN
I WISH TO BORROW \$ ALTERNATIVE OR GRAD PLUS LOAN
I WISH TO CANCEL MY UNSUBSIDIZED LOAN BY \$
I WISH TO CANCEL MY GRADUATE PLUS LOAN OR ALTERNATIVE LOAN BY \$

COMMENTS/REASONS FOR THE REQUEST:

I wish to be considered for any municipal, state (Council of Higher Education/Consejo de Educacion CE) or federal scholarships, grants, fellowships, etc: Yes No

I know about my right to cancel the loans, subject to outstanding time restrictions.

STUDENT'S SIGNATURE DATE

***** FOR OFFICIAL USE ONLY *****

Form with fields for QUALIFY, NOT QUALIFY, BY: SIGNATURE, DATE, PROCESSED BY: SIGNATURE, DATE, and Revised 02/12.