

## REQUEST FOR AID AND LOANS AWARD ACADEMIC YEAR 2020-2021

PLEASE CHECK ONE: ( )INITIAL REQUEST ( )ADDITIONAL REQUEST ( )DECREASE AWARD ( )CANCELLATION Student's name: Birth date: Last 4 digits of Social Security Number: XXX-XX-Email address: Phone number: External Financial Aids: () U.S. Armed Forces () Vocational Rehabilitation () Intellectus PHSEF () If any other, specify: While studying at PHSU I will live: PHSU Campus: Address: ) Boarding (Single) ( ) Living with parents (Ponce) ) Boarding (Married) ( ) Travel (from outside Ponce) ( ) Ponce ( ) San Juan \*\*Boarding means if you have rent expenses. Evidence ( ) St. Louis may be requested\*\* ( ) Master in Science in Medical Sciences Select Program(s): ( ) Medicine ( ) PhD in Clinical Psychology ( ) Master in Public Health ( ) PsyD in Clinical Psychology ( ) Master of Science in School Psychology ( ) PhD in Biomedical Sciences ( ) Certificate in Neuroscience of Learning ( ) Dr Ph in Epidemiology ( ) Certificate in Family and Couples Therapy CHECK THE STATEMENTS BELOW: (SHOULD INDICATE A SPECIFIC AMOUNT) \_\_\_\_FROM THE FEDERAL UNSUBSIDIZED LOAN \_I WISH TO BORROW \$\_\_ FEDERAL GRADUATE PLUS LOAN I WISH TO BORROW \$ \_I WISH TO BORROW \$\_\_\_\_\_ALTERNATIVE (PRIVATE)LOAN \_\_I WISH TO CANCEL MY UNSUBSIDIZED LOAN BY \$\_\_\_ I WISH TO CANCEL MY GRADUATE PLUS LOAN BY \$\_ \_I WISH TO CANCEL MY ALTERNATIVE (PRIVATE) LOAN BY \$\_\_\_ IF YOU REQUEST ADDITIONAL FUNDS OR A MODIFICATION IN YOUR AWARD, PLEASE EXPLAIN: I wish to be considered for any municipal, state (Council of Higher Education/Consejo de Educación PR) or federal/Institutional scholarships, grants, fellowships, etc: ☐ Yes ☐ No I wish to be considered for Federal Work-Study Program: ☐ Yes ☐ No I have received orientation in regards to my right to cancel my loans, according to established deadline. STUDENT'S SIGNATURE DATE \* COMMENTS: QUALIFY: Yes 🗆 No 🗆 PROCESSED BY: **SIGNATURE** DATE (Power Faids)