



**REQUEST FOR AID AND LOANS  
AWARD ACADEMIC YEAR 2019-2020**

**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 ( ) If any other,specify: _____
Address:	PHSU Campus: ( ) Ponce ( ) San Juan ( ) St. Louis	While studying at PHSU I will live: ( ) Boarding (Single) ( ) Living with parents (Ponce) ( ) Boarding (Married) ( ) Travel (from outside Ponce) **Boarding means if you have rent expenses. Evidence may be requested**
Select Program(s): ( ) Medicine ( ) Master in Science in Medical Sciences ( ) 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)**

\_\_\_\_\_ I WISH TO BORROW \$ \_\_\_\_\_ FROM THE FEDERAL UNSUBSIDIZED LOAN

\_\_\_\_\_ I WISH TO BORROW \$ \_\_\_\_\_ FEDERAL GRADUATE PLUS LOAN

\_\_\_\_\_ 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 have received orientation in regards to my right to cancel my loans, according to established deadline.**

\_\_\_\_\_ STUDENT'S SIGNATURE \_\_\_\_\_ DATE

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

COMMENTS: _____	
QUALIFY: Yes <input type="checkbox"/> No <input type="checkbox"/>	
PROCESSED BY: (Power Fails)	_____
SIGNATURE	DATE