



PONCE HEALTH SCIENCES UNIVERSITY

OFFICE OF STUDENT FINANCIAL AID

REQUEST FOR AID AND LOANS
ADJUSTMENTS TO FINANCIAL AID AWARD
ACADEMIC YEAR 2016-2017

PLEASE CHECK ONE: () INITIAL REQUEST () ADDITIONAL REQUEST () DECREASE AWARD () CANCELLATION

Form with fields for Student's name, Birth date, Social Security Number, Student ID, Address, City, State, Zip Code, Email address, Home phone number, Mobile number, Select Program(s), and While studying at PHSU I will live.

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:

Two horizontal lines for explaining additional requests or modifications.

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 *****

Form with fields for COMMENTS, QUALIFY (Yes/No), PROCESSED BY (Power Faids), SIGNATURE, and DATE.