Request for Additional Loans



Loan Counselor

COMPLETE and SEND to campus of attendance:

Weatherford campus

Student Financial Services 100 Campus Drive Weatherford, OK 73096 SWOSU Title IV School Code: 003181

Fax: 580-774-7066

Sayre Campus

Student Financial Services 409 E. Mississippi Sayre, OK 73662 SWOSU Title IV School Code: E00540

Fax: 580-928-1140

Name		Student ID #		
(Last)	(First)	(Middle)	(Maiden Name)	
Address				
(Number)		(Street) (Apt. #)	(City)	(State) (Zip)
Phone (Area Code and Number) _				
Who should complete this form?				
Students who have already filed	the 2024-2025 Free	e Application for Fe	deral Aid and:	
Who have previously accepted/d Financial Services and who no	-			n offered by the SWOSU Office of Student
Who, because of a change in class	ss level are requesting additi	onal loan eligibility	allowed by federal li	mits,
Who are requesting the Unsubsid	lized Loan eligibility in plac	e of a Parent (PLUS	S) loan that has been o	denied, or
Who have been offered Federal warded up to the federal limits	-	vert that eligibility	to a Subsidized Loan	assuming this loan has not already been
Please indicate the type of loan t	hat you are requesting:			
Subsidized Stafford Lo	an (need-based loan; interest	t is paid by the fede	ral government while	in school)
Unsubsidized Stafford	Loan (does not require finan	cial need; interest a	ccrues and is added to	o principal while in school)
Amount you wish to borrow	7 <u>:</u>			
\$00 for the yea	r			
*If you request more than the	maximum your loan will	be certified for the	ne maximum only.	
**Unless otherwise indica	ted the loan amount w	ill be evenly div	ided between the	fall and spring semesters.
Additional Information (Reason	for requesting the additional	money):		
Student Signat	ure	Da	nte	Social Security Number
cc: Financial Aid Counselor	(initials)			