LOAN REQUEST FORM

STUDENT INFORMATION: **TERM:** _____

_____ _____-____-_____ _____
Student's Name (Please Print) Social Security Number LCSC ID Number

_____ _____ _____ _____
Local Address City State Zip Code

REQUESTED AMOUNT OF LOAN: $_____
(**MUST** be completed or request will not be considered.)

Note: amount requested will be disbursed in 2 disbursements.

LENDER NAME: _____

Briefly describe reason(s) for making this request: (If additional room is needed, please use the back of this form or a separate sheet of paper.)

_____

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_____
Student's Signature Date