



777 ELSBREE STREET ▪ FALL RIVER, MA 02720 ▪ WWW.BRISTOLCC.EDU ▪ 508.678.2811

## Student Loan Request 2009-2010

Print Name: \_\_\_\_\_ BCC ID 900 \_\_\_\_\_  
SSN \_\_\_\_\_

Loans are awarded based on the cost of education at Bristol Community College.  
This is a LOAN and it must be REPAYED.

In most cases, loan repayment begins six months after leaving school.

- If you have accumulated \$5,000 of student loan debt, your monthly repayment will be about \$61 a month for ten years.
- For \$8,000 of debt, your monthly payment will be about \$100 a month for ten years.

When requesting a loan, carefully consider what your earnings will be when you leave school. Monitor your total loan debt to be sure you can manage the monthly payments for ten years along with your other financial responsibilities. Carefully review your entrance interview and promissory notes for more specific information on your responsibilities for repayment.

**This request should represent educationally-related costs that are not being covered by your current financial aid award.**

List the expenses below and describe your reasons for requesting this loan amount.

\$ \_\_\_\_\_ Tuition and fees for the school year not covered by current financial aid offer  
 \$ \_\_\_\_\_ Books and supplies for the school year not covered by current financial aid offer  
 \$ \_\_\_\_\_ Health insurance for the school year not covered by current financial aid offer  
 \$ \_\_\_\_\_ Transportation expenses for the school year not covered by current financial aid offer  
 (transportation \$625 maximum per semester for full-time student)  
 \$ \_\_\_\_\_ Child Care Cost not covered by child care voucher; documentation needed (i.e. bills,  
 invoices, receipts); (\$1000 maximum per semester)  
 \$ \_\_\_\_\_ **Total Request**

**Please check the semesters for which you are requesting this loan:**

**Two semesters: Fall & Spring** \_\_\_\_\_  
**One semester: Fall 2009 only** \_\_\_\_\_ **Spring 2010 only** \_\_\_\_\_

Describe your reasons for requesting this loan amount:

\_\_\_\_\_  
 \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**This request will not be reviewed until you have a complete financial aid file.**

*For Office Use Only:*

Balance of unmet expenses \$ \_\_\_\_\_ Refund Check \$ \_\_\_\_\_ Dep/Ind 1<sup>st</sup> Yr/2<sup>nd</sup> Yr

Decision: \$ \_\_\_\_\_ By: \_\_\_\_\_ Date \_\_\_\_\_