

**ADDITIONAL LOAN APPLICATION**

(Please Complete in Pen)

\_\_\_\_\_  
Print Name\_\_\_\_\_  
PSU Student ID NumberI WOULD LIKE TO APPLY FOR ADDITIONAL DIRECT LOAN FUNDING IN THE AMOUNT OF \$\_\_\_\_\_.  
(SUBSIDIZED &/OR UNSUBSIDIZED)

PLEASE INDICATE TERM(S) FOR ADDITIONAL FUNDING.

*(If eligible, you will be awarded up to the amount requested or your maximum eligibility. Eligibility is dependent upon financial need, federal loan limits, the cost of attendance, and financial assistance already awarded.)*

\_\_\_\_ Fall 2021 and Spring 2022\*    \_\_\_\_ Fall 2021 only\*    \_\_\_\_ Spring 2022 only\*    \_\_\_\_ Summer 2022

*(Funds will be divided evenly between  
the two semesters.)***\*CAUTION:** Please consider whether you will be taking any classes in the summer and if you will need financial aid for those classes. If you borrow up to the maximum loan amount for your grade level during the fall and spring semesters, you may not have eligibility for loans in the summer.**IMPORTANT:**Please check with the Office of Student Financial Assistance or [www.studentaid.gov](http://www.studentaid.gov) for current interest rate and origination fee percentages.

Once the review is complete, you will receive an email indicating changes to your awards for the year. Please review these changes immediately.

I have read and understand the conditions of this application.

\_\_\_\_\_  
Student Signature\_\_\_\_\_  
Date\_\_\_\_\_  
Cell Phone Number**FOR OFFICE OF STUDENT FINANCIAL ASSISTANCE USE ONLY**

AMOUNT AWARDED \$\_\_\_\_\_ DEP \_\_\_\_ INDEP \_\_\_\_ GRADE LEVEL \_\_\_\_

TRANSFER FROM: \_\_\_\_ College Work Study TO: \_\_\_\_ Federal Direct Subsidized Loan  
\_\_\_\_ Unmet Need \_\_\_\_ Federal Direct Unsubsidized Loan  
\_\_\_\_ EFC \_\_\_\_ Additional Federal Unsubsidized Loan  
\_\_\_\_ Grade Level Change

\_\_\_\_ PLUS Loan Denied MPN NEEDED: \_\_\_\_ YES \_\_\_\_ NO

\_\_\_\_ Previously Rejected Loan DENI NEEDED: \_\_\_\_ YES \_\_\_\_ NO

ASLA NEEDED: \_\_\_\_ YES \_\_\_\_ NO

(If YES, give 4 step instruction sheet &amp; send to lab.)

COA \_\_\_\_\_

EFC \_\_\_\_\_

NEED \_\_\_\_\_

Completed by: \_\_\_\_\_

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

Check Aggregate Limit \_\_\_\_\_ Check Notes in 92 \_\_\_\_\_