Mohawk Valley Community College Office of Financial Aid (315) 792-5415 Fax: (315) 731-5852

WILLIAM D. FORD FEDERAL DIRECT SUMMER LOAN REQUEST

Name:	M:
Social Security Number:	
Email:	@student.mvcc.edu
Loan amount requested: \$ Amount borrowed in the Summer will be a academic year.	subtracted from total loan eligibility for the
Please check the box if you wo	ould like a loan for Fall and/or Spring:
Fall 2024	Spring 2025
 I understand a current FAFSA documents must be submitted 	A application and any required d to the Financial Aid Office before

- financial aid can be applied to my account.
- I understand I must be enrolled in at least 6 credits at the time of disbursement to be eligible for a loan payment.
- I understand that if my Satisfactory Academic Progress is below standards, I will need an appeal to be approved before aid can be applied to my account. I am responsible for any bill that may occur as a result of a denied appeal.
- I understand that the amount of my loans borrowed in the **summer** will be subtracted from the total loan eligibility for the academic year.

Signature: _____

Date: _____

To request a Pell Grant for the summer semester, download the **Summer Pell Request** form from our website or pick it up in our office.