

Fall 2017 Financial Aid Loan Advance Request

Submit (fax, e-mail or hand deliver) this signed form to Mitchell Hamline Financial Aid Office. Due date 8/2/17 by noon for advance to be ready 8/4/17.

ADVANCE CHECKS WILL BE AVAILABLE IN THE FINANCE/STUDENT ACCOUNT OFFICE, ROOM 276 IN THE LEC BUILDING

Student Name: _____ Mitchell Hamline Student ID # _____

- Receive \$1000 in a **PAPER CHECK** on August 4th from your fall 2017 credit balance refund.
- There is a semester limit of one loan advance

REQUIREMENTS:

- 1) You must be registered for at least 6 credits in Fall 2017
- 2) You must be receiving financial aid that will pay-in-full Fall 2017 tuition and fees and provide at least a \$1000 credit balance refund.
- 3) *WHEN THIS FORM IS SUBMITTED*, all 2017-18 federal financial aid loan-processing requirements must be complete: check your messages and alerts tab in the MHS� Financial Aid portal for processing issues.
Requirements are:
 - Loan(s) must be accepted through the MHS� Financial Aid Portal: www.mitchellhamline.edu/financial-aid
 - Complete, current promissory note(s) for each loan must be on file with studentloans.gov
 - All accepted Grad PLUS loan must be credit approved or co-signed with all loan related requirements completed. You can trigger a credit check for the loan by completing a Grad PLUS loan application at studentloans.gov. If denied, you can begin the co-signer or appeal process. Let us know, and we will help you with the process.
 - If you are receiving a first ever federal or first ever federal Grad PLUS Loan, you must have completed a Graduate Level Entrance Counseling session at studentloans.gov.
- 4) Students with complete, credit approved non-federal Private loans are eligible

Certification: *I request to receive a \$1000 advance from my fall 2017 federal loan refund. I agree to repay these funds through my MHS� Student Account when fall 2017 financial aid funds are disbursed and credited to my account.*

I certify that the information I have provided is true. I understand that misrepresentation of facts in connection with this form may be sufficient cause, in and of itself, for cancellation or repayment of my financial aid whenever discovered.

____ Check here ***only*** if you want your check mailed.
Please include mailing address below:

Signature: (required) _____ Date: _____

Submit this form to:

Financial Aid Office | mitchellhamline.edu/financial-aid/ | finaid@mitchellhamline.edu | 875 Summit Avenue Room 120 | St. Paul, MN 55105 | 651-290-6403 | 1-888-962-5529 | Confidential Fax (651) 290-6437