

# 2017-2018 FINANCIAL AID FEDERAL DIRECT LOAN INCREASE FORM

- This form is used to increase an already existing award or reinstate a previously existing award for the 2017-2018 Aid Year.
- Please meet with a Financial Aid counselor to discuss your questions prior to submitting this form.

Name \_\_\_\_\_  
Last First MI

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DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_@\_\_\_\_\_

PHONE # (\_\_\_\_) \_\_\_\_\_

Please indicate your current grade level:  Freshman     Sophomore     Junior     Senior     Graduate Professional

	<b>Dependent Annual Loan Limits for 2017-2018</b> <small>You cannot exceed these amounts</small>		<b>Independent Annual Loan Limits for 2017-2018</b> <small>(*And Dependent students whose parents cannot get a PLUS) You cannot exceed these amounts</small>		<b>Your Request</b> <small>After reviewing the chart, please fill in the increase you would like to receive corresponding to your grade level.</small>	
	Subsidized	Unsubsidized	Subsidized	Unsubsidized	Subsidized	Unsubsidized
Freshman (0-23 hours)	\$3,500	\$2,000	\$3,500	\$6,000		
Sophomore (24-53 hours)	\$4,500	\$2,000	\$4,500	\$6,000		
Junior (54-84 hours)	\$5,500	\$2,000	\$5,500	\$7,000		
Senior (85+ hours)	\$5,500	\$2,000	\$5,500	\$7,000		

<b>Graduate and Professional</b> <small>(*denotes maximum annual eligibility, amount will vary based on year in program)</small>		<b>Your Request</b> <small>After reviewing the chart, please fill in the increase you would like to receive corresponding to your level.</small>
	Unsubsidized	Unsubsidized
Graduate & Other Professional	\$20,500	
Medical	\$47,167*	
Dental	\$44,944*	
Pharmacy	\$34,389*	
Health Administration	\$34,389*	

Student Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Required)

