

2024 –

Adriana Rodriguez

(rodriguez@lakeforest.edu, 847735-5015).

Please Print

Student's Name: _____ Lake Forest ID# _____

Borrower's Name (if not Student)

This request is made for the following time period :

Entire 2024-2025 academic year

Fall 2024

Spring 2025

Loan Type:

Subsidized *and* Unsubsidized Stafford

Accept the full loan Decline the full loan Increase by \$ _____ Reduce by \$ _____

Subsidized Stafford only

Accept the full loan Decline the full loan Increase by \$ _____ Reduce by \$ _____

Unsubsidized Stafford only

Accept the full loan Decline the full loan Increase by \$ _____ Reduce by \$ _____

PLUS (Parent)

Accept the full loan Decline the full loan Increase by \$ _____ Reduce by \$ _____

Borrower's Signature Required :

Signature – we cannot accept a typed signature

Date

This form can be returned as a .pdf by email faxed or mailed.

Office of Financial Aid | Attn: Adriana | 555 North Sheridan Road | Lake Forest Illinois 600452338
rodriguez@lakeforest.edu | Phone & Fax: 847735-5015

Office Use Scanned % Data Entry Done %

Initials/Date: _____

Notes: