

Summer Stafford Loan Request

El Paso Community College

* Financial Aid Office * Stafford Loan Department *

This form will be accepted by fax or on a walk-in basis.

Fax (915)831-2294

Last Name: _____ First Name: _____ Middle Initial: _____

SSN: _____ EPCC ID: _____ DOB: ___/___/___

Home Ph #: _____ Cell Ph #: _____

EPCC email address: _____@cp.epcc.edu

_____ I have already attended a Stafford loan session for this current school year.

_____ I am requesting a Stafford loan for Summer 20____.

_____ I am requesting the additional unsubsidized loan if I am eligible.

Signature: _____

Date: _____

Instructions: You will receive an email on the Smart Start Network to go online to accept your loan on the TG Loans By Web website: <https://lbw.tgslc.org>

OFFICE USE ONLY

_____ Student is considered a DEPENDENT.

_____ Student is considered an INDEPENDENT.

NSLDS: Subsidized _____ Unsubsidized _____ SAP: _____

Group: _____ Trans #: _____ Total Budget: _____

Enrollment hrs: _____ EFC: _____

Budget: _____ Total Pell: _____

Aid Period: _____ FSSL & FSUL: _____

Awards: _____ Awards: _____ Total Awards: _____

Freshmen hrs: _____ Sophomore hrs: _____ Total VA/ RSC: _____

SSSL: _____ SSUL: _____ **Total unmet need:** _____

Certified by: _____