



THIS FORM IS TO BE COMPLETED AND RETURNED TO:
JOY MOORE, FINANCIAL AID ASSISTANT, F105B
Fax: 252-246-1384 • Email: hjmoore@wilsoncc.edu

NOTE: Loans are offered by the College as a part of a student's financial aid package. All financial aid is applied for and estimated financial aid eligibility is determined by completing the FAFSA on the [Federal Student Aid website](#). Grant eligibility must be determined before loan eligibility. The College encourages students to borrow wisely. To prevent identity theft, State Issued ID/Driver's license information to be provided by the Student and checked for authenticity via the State DMV website. All loans will be set up in an annual amount spread over 2 semesters unless otherwise noted. **Note: On a case by case basis, the College may choose to not certify a loan or to certify a loan in an amount less than indicated by student.**

ANNUAL LOAN LIMITS

Year in College	Dependent Student	Independent Student
1 st Year: Grade Level 1 (<32 hours)	\$5500 (Sub \$3500)	\$9500 (Sub \$3500)
2 nd Year: Grade Level 2 (>33 hours)	\$6500 (Sub \$4500)	\$10,500 (Sub \$4500)

Interest rate and origination fee can be found on the [Federal Student Aid website](#).

FIRST-TIME BORROWER: Student that has **NEVER** borrowed student loans at this or any other college.

Term: 2023-24: Academic Year FALL/SPRING or SPRING/SUMMER

- ☐ I wish to borrow the maximum I can borrow for the term indicated above.
- ☐ I wish to borrow less than the maximum. I wish to borrow \$ _____ for the term indicated above.
- ☐ I wish to set an appointment to meet face to face with the Loan Officer in Financial Aid once my loans are certified.
(Not required)

Note: Please check your student email account and the Student Planning Self Service page for updates on your loan review.

RETURNING BORROWER: Student that has borrowed at this college or another college in the past.

Term: 2023-24: Academic Year FALL/SPRING or SPRING/SUMMER

- ☐ I wish to borrow the maximum I can borrow for the term indicated above.
- ☐ I wish to borrow less than the maximum. I wish to borrow \$ _____ for the term indicated above.
- ☐ I wish to set an appointment to meet face to face with the Loan Officer in Financial Aid once my loans are certified.
(Not required)

Note: Please check your student email account and the Student Planning Self Service page for updates on your loan review.

PERSONAL INFORMATION NEEDED TO PROCESS YOUR LOAN:

NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____
Street City State Zip

PHONE #: _____ PERSONAL EMAIL: _____

WCC ID #: _____ OR LAST 4 DIGITS OF SOCIAL SECURITY # XXX-XX- _____

DRIVER'S LICENSE/ID#: _____ STATE: _____ EXPIRES: _____

ADDITIONAL CONTACT: Please list below one more individual that can locate you if needed.

NAME: _____ PHONE #: _____

ADDRESS: _____
Street City State Zip

RELATIONSHIP TO STUDENT: _____ (SPOUSE, MOTHER, FATHER, ETC.)

By my signature, I accept the offer of student loans and authorize Wilson Community College Financial Aid Office to transmit my Federal Direct Loan information electronically.

STUDENT SIGNATURE: _____ DATE: _____