Student ID: @



## ADDITIONAL UNSUBSIDIZED LOAN REQUEST FORM

Date:	
Last Name:	First Name:
This is to request an additional unsubsidized lo	an in the amount of \$
For the purpose of:	
I have been counseled by a financial aid officer these funds. I understand that an education loan with interest when I stop attending college, eve	n is a legally binding contract that must be repaid
I understand that loan funds will be issued direct established procedures. Up to a three percent or proceeds prior to disbursement. Funds can only	rigination fee may be deducted from my loan
Student Signature:	

Florida SouthWestern State College, an equal access institution, prohibits discrimination in its employment, programs and activities based on race, sex, gender, age, color, religion, national origin, ethnicity, disability, pregnancy, sexual orientation, marital status, genetic information or veteran's status. The College is an equal access/equal opportunity institution. Questions pertaining to educational equity, equal access, or equal opportunity should be addressed to Title IX Coordinator/Equity Officer, 8099 College Parkway, Fort Myers, Florida 33919, equity@fsw.edu, 239.489.9051 or to the Assistant Secretary for Civil Rights, United States Department of Education.