



PLEASE PRINT

Name (Last, First, Middle) _____ Social Security Number _____

Address _____

City _____ State _____ Zip _____

Phone _____ Day or Message Phone _____

Email Address _____

Five Branches University Campus I attend:

Santa Cruz San Jose

Federal Direct Unsubsidized Stafford Loan- The amounts that you list will be divided over the two terms based on your award letter unless you indicate otherwise.

I want the following loans for: Fall 2018 Spring 2019

\$ _____
Total for checked semester(s)

Federal Direct Graduate PLUS Loan

I want the following loan for: Fall 2019 Spring 2019

\$ _____
Total for checked semester(s)

I request Five Branches University to originate my Federal Direct Unsubsidized Stafford and/or Graduate PLUS loan(s) for the semester(s) and amount(s) I have requested.

Student Signature _____ Date _____

RETURN FORM TO: Five Branches University
Santa Cruz or San Jose Campus
Attention: Financial Aid

Santa Cruz Campus
200 Seventh Avenue, Santa Cruz, CA 95062 USA
(831) 476-9424 Fax: (831) 476-8928
Email: finaid@fivebranches.edu

San Jose Campus
1885 Lundy Ave, Ste 108, San Jose, CA 95128 USA
(408) 260-0208 Fax: (408) 261-3166
Email: sjfinaid@fivebranches.edu