



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

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**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 2019  Spring 2020

\$ \_\_\_\_\_  
Total for checked semester(s)

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**Federal Direct Graduate PLUS Loan**

I want the following loan for:  Fall 2019  Spring 2020

\$ \_\_\_\_\_  
Total for checked semester(s)

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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](mailto: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](mailto:sjfinaid@fivebranches.edu)