

Initials:

Solano Community College – Financial Aid Office 2017-2018 Direct Loan Denial Appeal

Last Name:	First Name:	SCCID#

Instructions

- 1. Print out your cumulative loan information from the National Student Loan Data System (NSLDS) website.

 Log into http://www.nslds.ed.gov using your FSA I.D. User name and Passwor Click on Financial Aid Review Print out all loan information Determine your monthly payment on your current loan balance Log into http://www.finaid.org/calculators/ Click on Loan Calculator Fill in Loan Balance and click calculate 				
		sing the information provided from the calculate	or:	
Loan Balance:	\$	Loan Interest Rate:		
Monthly Loan Payment:	\$	_ Cumulative Payments: \$		
Total Interest Paid:	\$	_ Annual Salary Needed: \$	_	
Statement – Attach a	typed statement which e	explains the following:		
B. Your education		quires you to apply for additional loan funds. becomes due.		
Important Informatio following:	<u>n</u> - Your initials below inc	dicates you have read and understand the		
financial circumstances be	come difficult. Your student loated, or because you didn't cor	or mortgages. You must repay a student loan even if you ans cannot be canceled because you didn't get the mplete your education (unless you couldn't complete you		
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		ge will reduce the amount of loan eligibility available to your loan eligibility.		

not, you may experience difficulty affording the cost of education once you transfer to a 4-year institution.



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NEVER ignore delinquency or default notices from your loan servicer. If you don't make your monthly loan payments, you will become *delinquent* on your student loan and risk going into default. Contact your servicer immediately if you are having trouble making payments or won't be able to pay on time. Loan servicers report all delinquencies of at least 90 days to the three major credit bureaus. A negative credit rating may make it difficult for you to borrow money to buy a car or a house and you will be charged much higher interest rates.

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Initials:	
Certification:	
I certify that the information on this form is true and correct to the best of information I have provided is incomplete or false, Financial Aid could be understand the Financial Aid Satisfactory Progress Policy (SAP).	
Student Signature	Date Signed

Submit ALL FORMS AND DOCUMENTS TOGETHER to:

Solano Community College Financial Aid Office 4000 Suisun Valley Road, Student Services Building 400, Room 425 Fairfield, CA 94534-3197

FOR OFFICE USE ONLY:		
Approved () Denied ()	FAO:	Date: