

Initials:

Solano Community College – Financial Aid Office 2018-2019 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.

 Click of Print of Pri	on Financial Aid Review out all loan information our monthly payment on your monthly payment on your http://www.finaid.org/cappon Loan Calculator Loan Balance and click cappon	alculators/	
Loan Balance:	\$	Loan Interest Rate:	
Monthly Loan Payment:	\$	Cumulative Payments: \$	
Total Interest Paid:	\$	Annual Salary Needed: \$	
A. Your current finaB. Your education	•	ires you to apply for additional loar	n funds.
Important Information following:	<u>ı</u> - Your initials below indic	cates you have read and understan	d the
financial circumstances bed	come difficult. Your student loan ted, or because you didn't comp	mortgages. You must repay a student loan as cannot be canceled because you didn't olete your education (unless you couldn't	get the
Initials:			
		e will reduce the amount of loan eligibility a ty College advises that you save your loan	

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 my kno information I have provided is incomplete or false, Financial Aid could be delayed 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: