



ADDITIONAL LOAN REQUEST FORM

410-955-1324 Telephone
410-614-3730 Fax
Email: finaid@jhmi.edu
<http://www.hopkinsmedicine.org/financialaid>

2011-2012

Name (Please Print)

Indicate Year in School (1st, 2nd, etc.)

JHMI Email Address

Alternate Email Address

Reason for additional loan request: _____

REQUESTED AMOUNT: \$ _____

Requested additional loan amount is subject to Financial Aid Office approval.

Please allow 5 – 7 business days for evaluation of your request. Allow 7 – 10 business days for your refund to be mailed to you in the form of a check from the Business Office.

PLEASE NOTE: Any request will be disbursed in 2 parts: one in the fall, the second in the spring.

I certify that I have read and understand the above statement.

Signature

Date

Financial Aid Office Staff Use Only

Approved: _____
Approved with Revision: _____
Denied: _____

Amount Approved: \$ _____

Loan Breakdown

Unsubsidized \$ _____ Perkins Loan \$ _____
Addit'l Unsub \$ _____ Institutional Loan \$ _____

Staff Initials: _____
Date: _____

