

Sandburg Financial Aid  
2400 Tom L. Wilson Blvd  
Galesburg, IL 61401  
Phone: 309.341.5283  
Fax: 309.344.2529



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COLLEGE™  
www.sandburg.edu

## 2018-2019 Dependent Student Requesting Unsubsidized Loan

Student's Name \_\_\_\_\_

Student ID# \_\_\_\_\_ Last 4 SSN# xxx-xx- \_\_\_\_\_

You requested on your FAFSA to not include parental information and apply for an unsubsidized loan. Please complete this form to verify your request. Carl Sandburg College evaluates all loan requests on a case by case basis.

**Please mark one of the following statements, sign and date at the bottom and return this document to the Financial Aid Office.**

\_\_\_\_\_ I am a dependent student applying for an unsubsidized loan. I do not want to report parent information. After you are enrolled, please go to [www.sandburg.edu/dlloans](http://www.sandburg.edu/dlloans) to complete the three steps required to request a loan.

\_\_\_\_\_ I am a dependent student and wish to be considered for grants as well as loans. I plan to add parent information to my FAFSA by logging in at [www.fafsa.gov](http://www.fafsa.gov) entering my parent's information and submitting the updated FAFSA.

\_\_\_\_\_ I feel that I have unusual circumstances that make me independent and will call to make an appointment with the Director of Financial Aid to review my situation. Please call 309.341.5283 to make an appointment.

I certify the information provided above is true and complete.

Signature \_\_\_\_\_ Date \_\_\_\_\_