



THIS FORM IS TO BE COMPLETED AND RETURNED TO:
 JOY MOORE, Financial Aid Coordinator
 Fax: 252-246-1384 • Email: hjmoore@wilsoncc.edu

NOTE: Loans are offered by the College as a part of a student’s financial aid package. All financial aid is applied for and estimated financial aid eligibility is determined by completing the FAFSA on the [Federal Student Aid website](#). Grant eligibility must be determined before loan eligibility. The College encourages students to borrow wisely. To prevent identity theft, State Issued ID/Driver’s license information to be provided by the Student and checked for authenticity via the State DMV website. All loans will be set up in an annual amount spread over 2 semesters unless otherwise noted. **Note: On a case-by-case basis, the College may choose to not certify a loan or to certify a loan in an amount less than indicated by the student.**

ANNUAL LOAN LIMITS

Year in College	Dependent Student	Independent Student
1 st Year: Grade Level 1 (<32 hours)	\$5500 (Sub \$3500)	\$9500 (Sub \$3500)
2 nd Year: Grade Level 2 (>33 hours)	\$6500 (Sub \$4500)	\$10,500 (Sub \$4500)

Interest rate and origination fee can be found on the [Federal Student Aid website](#).

BORROWER: Term: 2024-25: Academic Year FALL/SPRING or SPRING/SUMMER

___ I wish to borrow the maximum I can borrow for the term indicated above.

___ I wish to borrow less than the maximum. I wish to borrow \$ _____ for the term indicated above.

Please log in to www.studentaid.gov to complete Entrance Counseling and the Master Promissory Note (MPN) before submitting this form.

Please check your student email account and the Student Planning Self Service page for updates on your loan review.

PERSONAL INFORMATION NEEDED TO PROCESS YOUR LOAN:

NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____
 Street City State Zip

PHONE #: _____ PERSONAL EMAIL: _____

WCC ID #: _____ OR LAST 4 DIGITS OF SOCIAL SECURITY # XXX-XX- _____

DRIVER’S LICENSE/ID#: _____ STATE: _____ EXPIRES: _____

ADDITIONAL CONTACT: Please list below one more individual that can locate you if needed.

NAME: _____ PHONE #: _____

ADDRESS: _____
 Street City State Zip

RELATIONSHIP TO STUDENT: _____ (SPOUSE, MOTHER, FATHER, ETC.)

By my signature, I accept the offer of student loans and authorize Wilson Community College Financial Aid Office to transmit my Federal Direct Loan information electronically.

STUDENT SIGNATURE: _____ DATE: _____