



**Office of
Financial Aid**

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Complete the following information to assist us in assessing your financial aid:

Yes* No
 ___ ___ Prior to VCOM, I borrowed funds from Stafford, Graduate PLUS, or Perkins loans.
 *If yes, please indicate the total amount still owed on these prior-to-VCOM loans.
 \$ _____ (go to NSLDS <http://www.nslsds.ed.gov/> for your totals)

Yes* No
 ___ ___ Prior to VCOM, I borrowed funds from Private (non-federal) loan programs.
 *If yes, please indicate the total amount still owed on these prior-to-VCOM loans.
 \$ _____ Attached a separate sheet listing each loan's balance and the
 name of the lender for each loan.

If you have notification that you will receive other types of financial aid, including grants and scholarships, list that aid below and attach an award letter or other documentation from the sponsor. All scholarships/grants MUST be reported.

The Health Professions Scholarship Program (HPSP) through the military, the National Health Service Corps (NHSC) Scholarship Program, and any other service contract programs are counted as financial aid and must be reported.

NOTE: If you receive notification of an award in the future, you must contact the Office of Financial Aid and submit information about the amount and conditions of the award as soon as it is known to you.

Scholarship/Grant Name Amount	Sponsoring Agency/Military Branch

Complete the following:

Yes No
 ___ ___ Please consider me for the Federal Stafford loan program for 2011-2012.

Yes No
 ___ ___ Please consider me for Graduate PLUS and/or Private loans beyond the Stafford loan amounts if I need financial assistance beyond their limits to cover Cost of Attendance. I understand these funds are only available to me with an approved credit check.

I certify that my responses above are true and accurate to the best of my knowledge. I understand that if I am found to have purposefully falsified information, my financial aid may be revoked and I may be reported to the appropriate authorities for further action.

 Signature Date Social Security Number