OKLAHOMA CITY COMMUNITY COLLEGE FINANCIAL AID OFFICE
POLICIES, PROCEDURES, AND APPLICATION FOR REQUESTING
ADDITIONAL FEDERAL STAFFORD LOAN FUNDS

Name: _____________________________  OCCC Student ID: _____________________________

Phone: _____________________________  E-Mail: _____________________________________

Statutory regulations passed in 1991 allowed the College to refuse to certify a loan or to certify a loan for
less than the maximum eligibility if there are documentable reasons for doing so, and the student is
informed by written communication. 34 CFR 682.603 (e). The purpose of this questionnaire is to collect
documentation of the student’s request in order to evaluate the justification for additional borrowing. The
student’s Financial Aid Advisor will make the final determination. The student will be notified by mail.

**QUESTIONNAIRE**

A student requesting additional loan funds must provide a factual response to each of the following items
and information must be in agreement with file documents, income tax information and other such
documents. The student should also understand that they must provide any documentation requested to
adequately support any information provided herein.

If additional space is needed to adequately respond to any question, please use a separate sheet of paper and
attach.

1. ____________ Number of family members dependent upon reported income.

2. ____________ Of the number in item 1, how many are in College at least as a half-time
   student?

3. ____________ Of the number in item 1, how many are below thirteen years of age?

4. Have you requested Federal Work Study as a part of your financial aid package? 
   Yes_____ No_____

5. If the answer to item is no, please explain.
   ___________________________________________________________________
   ___________________________________________________________________
   ___________________________________________________________________

6. Proposed schedule for your next semester of enrollment.
   ___________________________________________________________________
   ___________________________________________________________________
   ___________________________________________________________________
   ___________________________________________________________________
   ___________________________________________________________________

7. What expenses do you have at this time that are in **addition to the normally accepted living
   expenses of a family the size of yours?** List items and the total cost for the **nine-month** academic
   year of each item: **DOCUMENTATION REQUIRED.**
   $ __________________
8. Place a check mark in front of each expense listed in item 7 that is a required expenditure that is not a family choice. Explain the reason or source of the requirements for each expense checked in item 7. DOCUMENTATION REQUIRED.

9. Does your Degree Program require expenditures that are unusually higher than most other programs? Yes______ No______

10. If the answer to item 9 is Yes, list each item and the appropriate cost. DOCUMENTATION REQUIRED.

   $___________________
   $___________________
   $___________________

Total $___________________

11. Explain what the additional loan funds will be used for if this request is approved.

   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________

I certify that the following information in this questionnaire is accurate and complete as requested and I am aware that giving false, misleading, or incomplete information for the purpose of obtaining student financial assistance is illegal and punishable by fine, imprisonment, or both.

Date ___________________________ Student’s Printed Name ___________________________

__________________________
Student’s Signature

__________________________
APPROVED ____________________ AMOUNT ____________________ PERIOD ________________

__________________________
DENIED ____________________ LETTER SENT __________________________

__________________________
DATE __________________________ ADVISOR SIGNATURE __________________________

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