

FEDERAL PERKINS STUDENT LOAN (FPSL) PERSONAL CONFIDENTIAL INFORMATION Side 1 and Side 2 of this form must be completed before Federal Perkins Student Loan (FPSL) can be released. Complete and accurate information is needed to satisfy federal and state reporting requirements for borrowers receiving Federal Perkins Loans.

RETURN TO:

Business Office, AS 123
 St. Cloud State University
 720 Fourth Avenue South
 St. Cloud, MN 56301-4498

Name: _____ SSN: _____

Date of Birth _____ Age _____ Driver's License No. _____

LOCAL ADDRESS: _____ PERMANENT (PARENT'S ADDRESS): _____

Street _____ Street _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____)

Telephone Number: _____ Telephone Number: _____

Marital Status: Single Separated Widowed Single with Dependents Married Divorced Not applicable

Spouse's Name _____ SSN: _____

High school attended: _____ Year graduated _____

Present Class: Freshman Sophomore Junior Senior Graduate

Major: _____ Career Choice: _____ Anticipated Graduation Date _____

PARENTAL/GUARDIAN INFORMATION: (Required even if you are a nontraditional or independent student.)

Father or Stepfather: Name _____ Occupation _____

ADDRESS: Street _____ City _____ State _____ Zip _____ Phone _____

Name of Employer _____ City _____ State _____ Zip _____ Years Employed _____

Mother or Stepmother: Name _____ Occupation _____

ADDRESS: Street _____ City _____ State _____ Zip _____ Phone _____

Name of Employer _____ City _____ State _____ Zip _____ Years Employed _____

Marital Status of Applicant's Parents: Married Separated Divorced Widowed Both Deceased N/A

PERSONAL REFERENCES: Please provide us with the complete names and addresses of two responsible adults in your home community who know you well. These references must not be related to you. DO NOT use St. Cloud State University faculty members or students.

References may be contacted—please provide us with accurate information.

Mr. Mrs. Ms. _____ Occupation/Employer _____

PERMANENT ADDRESS: _____

Street _____ City _____ State _____ Zip _____ Phone _____

Mr. Mrs. Ms. _____ Occupation/Employer _____

PERMANENT ADDRESS: _____

Street _____ City _____ State _____ Zip _____ Phone _____

List a brother, sister or other relative **other than parents or another student** (must be 18 years or older), who will likely keep in touch with you if your permanent address changes: Mr. Mrs. Ms. _____

Occupation/Employer _____

PERMANENT ADDRESS: _____

Street _____ City _____ State _____ Zip _____ Phone _____

If you have pursued any educational training after graduating from high school at another educational institution, please provide us with the information about your previous school. If NO, PLACE AN "X" HERE:

Name of School, College or University	Address (City, State)	Dates of Attendance		Loans Perkins
		Beginning	Ending	

Signature _____

Date _____

Your Federal Perkins Loan is a serious legal obligation. This loan may be used only for educational expenses and must be repaid. Therefore, it is extremely important that you understand your rights and responsibilities. When you, the student borrower, sign this statement, it means that you do understand your responsibilities and you agree to honor them. Information you give may be used to contact you at a later date.

1. I understand that I must, without exception, advise the College, University or **Campus Service Cooperative** of any changes in my name, address, social security number, telephone or cell number, email address, drivers license number and reference information.
2. I understand that receipt of a loan will affect my eligibility for other student aid. It may be beneficial to determine first my eligibility for grants, work-study funds and other forms of student assistance. Before receiving a Federal Perkins Loan, I must receive a determination of my Pell Grant eligibility.
3. I understand that when I graduate, transfer, withdraw or drop below half-time status, I must notify the **Campus Service Cooperative**.
4. I understand that my loan will be reported to the Credit Bureau while I am a student as well as during the full repayment period.
5. I understand that the **ANNUAL PERCENTAGE RATE** of 5% will be the **FINANCE CHARGE** based on the unpaid balance and that it will begin to accrue **9 months** after I cease to be enrolled at least half-time if I have a Perkins Loan
6. I understand that repayment period begins **TEN MONTHS** after I cease to be at least a half-time student if I obtain a Perkins Loan. no interest will accrue during this Grace Period.
7. I understand that the minimum monthly payment will be at least \$40.00 for loans up to \$3775.00. Loans \$3776.00 and greater will have a minimum payment of: amount of the loan X .01060655.
8. I understand that repayment will be made in accordance with the terms and conditions stipulated in the **PROMISSORY NOTE**. I also understand that I may prepay any or my entire loan at any time without penalty.
9. I understand that if I fail to fulfill my loan obligation, all College or University records may be withheld including academic transcript and diploma.
10. I understand that private financial institutions offer a student loan consolidation program. This service permits borrowers to reduce monthly payments and pay only one lender for all their loans. Borrowers who consider consolidation should carefully investigate the program offered by their financial institution. Consolidation lowers monthly payments, but increases the total loan repayment amount because of a longer repayment period and higher interest rates. **Perkins entitlements will be lost if consolidated.**
11. The Department of Defense has repayment programs for Perkins loans.
12. I understand that my Federal Perkins Student Loan will be considered in default if: I do not make a scheduled payment when due under the repayment schedule established by the **Campus Service Cooperative**, and I do not submit on or before the payment due date, documentation that I qualify for a deferment, cancellation or forbearance request. I understand that if I default, the total loan plus interest and late charges (not to exceed 20% of monthly installment) which have accrued may become due and payable immediately and legal action could be taken against me including collection by a collection agency. I understand that I may then be assessed all reasonable costs of collection and fees. I also understand that my Minnesota state tax refund may be withheld.
13. I understand that if I cannot pay on time, I must contact the **Campus Service Cooperative** to make arrangements.
14. I authorize the **Campus Service Cooperative** to release my current and previous loan status to potential credit inquiries. I also authorize the school and the **Campus Service Cooperative** to contact any institution which I may attend, to obtain information concerning my student status, my year of study, my dates of attendance, graduation or withdrawal, my transfer to another school, or my current address.
15. I understand that I will promptly answer any communication from the school and the **Campus Service Cooperative** regarding the loan.
16. I understand that the maximum amount an eligible student may borrow is \$5,500 per award year for a student who has not successfully completed a program of undergraduate education or \$8,000 per award year for a graduate or professional student. The maximum aggregate amount an eligible student may now borrow is: (1) \$27,500 for an undergraduate student who has completed two academic years and is pursuing a bachelor's degree; (2) \$60,000 for a graduate or professional student, including loans borrowed as an undergraduate student; and (3) \$11,000 for any student who has not completed two academic years of undergraduate work.
17. I understand that I may request rehabilitation of my loan which consists of 9 consecutive, on-time monthly payments as determined by the **Campus Service Cooperative**. Completion of this will remove my loan from default, allow me to receive additional Title IV student aid, clear my credit bureau history and re-establish my balance of benefits. I understand I may rehabilitate my loan only one time.
18. I understand if I dispute the terms of my loan in writing and the institution or the **Campus Service Cooperative** does not resolve the dispute, I may contact the Student Loan Ombudsman. The phone number is (877) 557-2575 or www.ombudsman.ed.gov.
E-Mail: fsaombudsmanoffice@ed.gov
19. I understand that I may go to <http://www.nsls.ed.gov> to review my Title IV loan information in the National Student Loan Data system.

PLEASE SEND PAYMENTS TO: ECSI, 181 Montour Run Road, Coraopolis, PA 15108 website: <http://www.ecsi.net/>

PLEASE REFER ALL CORRESPONDENCE AND QUESTIONS TO:

Minnesota State Colleges and Universities Campus Service Cooperative, 1312 Harmon Place, Mpls, Mn 55403-1925

Tel: 612.548.2050 Fax: 612.341.7301 Email: loans@csu.mnscu.edu Website: www.slsc.mnscu.edu

THIS IS A LOAN WHICH I MUST REPAY. I ATTEST THAT I HAVE READ AND UNDERSTAND THE RESPONSIBILITIES AND OPTIONS AVAILABLE TO ME, AND THAT I WILL ADHERE TO THEM.

Signature _____ Date _____

Address: _____ (City) _____ (State) _____ (Zip) _____

Telephone/Cell Number (____) _____ Email address: _____