



FEDERAL STAFFORD LOAN CONFIRMATION STATEMENT 2006 - 2007

Student Name: _____ Student SSN: _____ - _____ - _____

PROGRAM OF STUDY:

- Art Therapy
- Biomedicine (M.S.)
- Biomedicine (Ph.D.)
- Biomedicine – Clinical Embryology and Andrology
- Biomedicine – Research
- Biotechnology
- Dual Degree – Medical Doctor/Public Health
- Medical Doctor
- Ophthalmic Technology
- Physician Assistant
- Public Health
- Surgical Assistant

ANTICIPATED GRADUATION DATE:

- 2005
- 2006
- 2007
- 2008
- 2009
- 2010

Based on my review of the award letter sent by Eastern Virginia Medical School's Office of Financial Aid, I would like to apply for the following Subsidized and Unsubsidized Federal Stafford Loans for the full year.

Subsidized Stafford Loan: \$ _____

Unsubsidized Stafford Loan: \$ _____

Total Stafford Loan \$ _____

I understand that I may borrow less than the amount on my award letter, reduce the amount of the loan requested, or later request an additional amount by contacting the Office of Financial Aid. The total aid received may not exceed the total cost of attendance as noted on my award letter.

_____/_____/_____
Student Signature Date

**PLEASE RETURN FEDERAL STAFFORD LOAN CONFIRMATION STATEMENT AND
FEDERAL STAFFORD LOAN MASTER PROMISSORY NOTE WITHIN TWO WEEKS OF RECEIPT TO:**

**EASTERN VIRGINIA MEDICAL SCHOOL
Office of Financial Aid
700 W. Olney Road, Room 1169
Norfolk, VA 23507**

Office of Financial Aid Use Only

File ID: _____

Processed Date: _____ By: _____