

Twamley Hall Room 216  
264 Centennial Drive Stop 8371  
Grand Forks, ND 58202-8371

## Student Financial Aid Office

Office: (701) 777-3121  
Fax: (701) 777-2040  
E-Mail: sfa@mail.und.nodak.edu

### 2008-09 Supplemental Loan Application

**INSTRUCTIONS:** Additional information is needed to continue processing your loan application. This application must be completed and returned to the Student Financial Aid Office as soon as possible.

Student's Name: \_\_\_\_\_  
Last First MI Former

Address: \_\_\_\_\_  
City State Zip Code

SS #: \_\_\_\_\_ ID #: W \_\_\_\_\_ Phone #: \_\_\_\_\_

**College Status as of September 1, 2008:**

- Freshman (0-23 credits)
- Sophomore (24-59 credits)
- Junior (60-89 credits)
- Senior (90+ credits)
- Graduate
- Law
- Other:  I have earned a bachelor's degree
- I have NOT earned a bachelor's degree

**Terms for which aid is requested:**

- 2008-2009 Academic Year (Fall and Spring)
- 2008 Fall Semester ONLY
- 2009 Spring Semester ONLY
- 2009 Summer Session ONLY

**During the terms in which you are requesting aid, in how many credits will you be enrolled:**

- 0-5
- 6-8
- 9-11
- 12 or more

**Where will you be living while attending UND:**

- With Parents
- On Campus (UND Housing Contract)
- Off Campus (Greek or apartment)

**Other Assistance:** List all assistance you will receive from sources other than UND (i.e. Voc. Rehab., scholarships, waivers, JTPA), Include the amount:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date you expect to graduate: \_\_\_\_\_  
Month/Day/Year

Have you previously attended any other post-secondary institution?  YES  NO

**If yes, list all colleges you have previously attended below.**

NAME OF INSTITUTION	CITY	STATE

**STATEMENT OF REGISTRATION STATUS:**

- I certify that I am registered with the Selective Service
- I certify that I am not required to be registered with the Selective Service because:
  - I am female
  - I am in the armed services on active duty (NOTE: Does not apply to members of the Reserves and National Guard who are not on active duty)
  - I have not reached my 18th birthday
  - I was born before 1960
  - I am a resident of the Federated States of Micronesia, or the Marshall Islands, or permanent resident of the Trust Territory of the Pacific Islands (Palau)

**CERTIFICATION OF EDUCATIONAL PURPOSE AND REFUNDS AND DEFAULT:**

I certify that I do not owe a refund or am in default on any grant or loan or have made satisfactory arrangements to repay any defaulted loan, and have not borrowed in excess of the loan limits, under Title IV programs, at any institution. I certify that I will use all Title IV money received only for expenses relate to my study at the University of North Dakota.

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Please complete the section that is appropriate for the loan you are requesting.

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**Statement of Refusal  
PLUS or Alternative Educational Loans**

I request the University of North Dakota Student Financial Aid Office to process a PLUS or Alternative Educational Loan Application. I am refusing to complete the Free Application for Federal Student Aid (FAFSA). I understand that by refusing to complete the FAFSA, I (my student) is not eligible to receive any federal aid. I am also certifying that the information/certifications on the previous page are true and correct to the best of my knowledge.

Student's Signature (required)

Date:

\_\_\_\_\_

Parent's Signature (if applying for a PLUS loan)

\_\_\_\_\_

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**Affidavit of No-Need  
and  
Request For Waiver of SELF Maximum Effort Test**

This part of the form is to be completed by the SELF applicant, the parent (if the applicant is a dependent student) and the applicant's school. Its purpose is to satisfy the SELF Program's requirement of the Maximum Effort Test. Please read the statements and check each section as it is read. Sign and date the form.

- I applied for financial aid last year and was found to demonstrate little or no financial need. If I did not file a standard need analysis document such as a FAFSA last year, I otherwise satisfied the SELF Program's Maximum Effort Test.
- I know that my family's financial situation has not worsened since last year. I believe that if I applied for financial aid this year, little or no financial need would be shown.
- I therefore ask UND for an application to the SELF Program, and ask that the Program's Maximum Effort Test be waived.
- I also certify that the information/certifications on the previous page are true and correct to the best of my knowledge.

Student's Signature (required)

Date:

\_\_\_\_\_

Parent's Signature (if student is dependent)

\_\_\_\_\_

I, the Financial Aid Officer, accept the above information to be reasonable, and agree that little or no financial need would be found if an application were to be filed this year. I have explained the consequences of not applying for need-based aid to the applicant, and am satisfied that waiving the SELF Program's Maximum Effort Test is in the applicant's best interest.

Financial Aid Officer's Signature

Date

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