



Soka University of America – Office of Financial Aid
Additional Soka Loan Request

LOAN
2014-2015

Please complete all fields on this form using a black or blue ink pen. Incomplete forms will be returned to you and will cause a delay in processing your financial aid application.

SUA ID#: \_\_\_\_\_ [ ] Fall 2014 [ ] Spring 2015

Name: \_\_\_\_\_
Last First M.I.

1. I am requesting for an additional Soka Loan. Check one box below:

- [ ] Maximum eligible amount (up to Cost of Attendance/Budget)
[ ] Other: \$\_\_\_\_\_ (write the amount on the line)

2. Reason or Other Comments (optional):

Multiple horizontal lines for writing comments.

By signing this form, I affirm that all information on this form and any attachments are complete and accurate to the best of my knowledge. If requested, I agree to provide documentation to support the information I have provided on this form. I understand that any false statements or misrepresentation may be cause for denial, reduction, withdrawal, and/or repayment of financial aid, and I may be subject to a fine, imprisonment or both, under provisions of the United States Criminal Code.

Student Signature (Required)

Date