



**Name:** \_\_\_\_\_ **ID Number:** \_\_\_\_\_

**Year:** \_\_\_\_\_

**Semester(s) Enrolled:** **Fall** \_\_\_\_\_ **Spring** \_\_\_\_\_

**Amount Requested:** \$ \_\_\_\_\_ (\$3000 Maximum)

By signing below, I affirm that I understand I will be required to repay this Perkins Loan with interest in the future. I also understand that failure to repay this loan will adversely affect my credit rating and will make me ineligible to attend any IU campus or receive Title IV funding.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Once the money has been received, all questions should be referred to the following department: Student Loan Administration, PO Box 1609, Bloomington, IN 47402-1609. Phone 1-866-485-6267 or online at [www.indiana.edu/~iuloans](http://www.indiana.edu/~iuloans).