

APPLICATION FOR APPROVAL OF ALTERNATIVE LOANS

Date _____

Student Name _____

I.D. # _____

Amount student wishes to borrow: \$ _____

Balance due Lincoln College: \$ _____

If borrowing amount in excess of balance due Lincoln College, please explain in detail what it is to be used for.

Student Signature _____

Date _____



Complete and return form to: Chris Steckmann, Dir. of Financial Aid

300 Keokuk Street, Lincoln, IL 62656

Or fax to:

Fax: 217-735-9016

CSteckmann@lincolncollege.edu



Office Use Only:

Approved _____ Date _____ Rejected _____ Date _____