HALIFAX Community College
LEARNING COMES TO LIFE IN PURSUIT OF EXCELLENCE

REQUEST FOR INCREASE OF FEDERAL STAFFORD LOAN

I understand this increase is subject to my having remaining eligibility and that I cannot be awarded over my cost of attendance. I must be enrolled in at least six credit hours and I must be making satisfactory academic progress. This increase may use all of my remaining eligibility leaving me with no loan funds for summer should I decide to attend. I understand that the same rules and regulations apply to this increase that applied to my original loan.

If your original loan request was for fall and spring, this increase request must also be for fall and spring.

LOAN LIMITS for the academic year

1st year (32 or less credit hours) students: $3500 Subsidized
2nd year (33 or more credit hours) students: $4500 Subsidized

Dependent students can borrow an additional $2000 Unsubsidized if eligible
Independent students can borrow an additional $6000 Unsubsidized funds if eligible

If you have already borrowed the maximum you are eligible to receive based on your grade level and dependency status you are not eligible for an increase.

Amount of additional Stafford loan requested: $_____

Term: **Fall/Spring** ☐ **Spring Only:** ☐ **Spring/Summer** ☐

☐ **I agree that any funds requested over and above my subsidized loan eligibility will be unsubsidized funds.**

Monthly Budget Calculator: Enter dollar amounts in the calculator

Income by month			Expenses by month		
Monthly take home earnings (for you and your spouse)	$		Rent/Mortgage	$	
All other monthly resources	$		Utilities	$	
			Home/Cell Phone	$	
			Food	$	
			Child care	$	
			Transportation (car payment/ins/gas/bus tickets)	$	
			Monthly debt payments (credit cards, etc.)	$	
			Other personal expenses (please specify)	$	
Total monthly income	$	0.00	**Total monthly expenses**	$	0.00
			Results		
Subtract monthly expenses from monthly income:	$	0.00			

Print your name: _____ **Phone Number:** _____ **E-mail:** _____

Signature: _____ **HCC ID #** _____ **Date:** _____

StaffordLnIncBGM