Alternative Loan Request 2025-2026

Name:	ACC Student ID#:
you speak with a Financia	al or state aid in place of or in addition to a private loan. It is recommended I Aid counselor or discuss your options as receiving a private loan may affect , state, or institutional aid.
hours. If you are not mee	some alternative loan lenders require that you be enrolled in at least 6 crediting this requirement, funds will be returned to lender. Please check with ages are made to ensure you are still eligible for funding.
Attendance. We will send	will be approved for the full amount requested due to your Cost of notification to your student email if we approve a partial amount. Please for notifications and updates.
Student Section	
Alternative Loan Inf	formation:
Total Amount Request	ed from lender: \$
•) you intend to use funds: mounts entered below should add up to the total amount requested
Fall 2025	Amount for Fall 2025: \$
Spring 2026	Amount for Spring 2026: \$
Summer 2026	Amount for Summer 2026: \$
 Student Signature	

Arapahoe Community College Office of Financial Aid ● 5900 S. Santa Fe Drive Littleton, CO 80120 Phone: 303.797.5661 ● Fax: 303.797.5663 ● Email: financialaid@arapahoe.edu

Rev: 05/01/2025 1 ALTLN

Name:	ACC Student ID#:	
Identity Verification Section	on	
This section is to be completed by stronger notary.	taff in-person at the ACC Financial Aid Office or with a	
identification (ID), such as, but not	ed a <u>valid unexpired government-issued photo</u> limited to, a driver's license, other state-issued photo itution will maintain a copy of your photo ID.	
For ACC Financial Aid Office Use On	nly	
Type of documentation submitted:		
Designated ACC Institutional Official:		
Notary Completion Section		
require a notary to verify the identification visible) should be mailed to the Financi	to identification in person at Arapahoe Community College, we tion information. This form (the original on which the seal is all Aid Office at Arapahoe Community College along with the copy in (front & back copy of photo identification is required). Please	
** We CANNO	OT accept this form via email or fax**	
Notar	y's Certificate of Acknowledgement	
State of	City/Countyof	
On		
(Date)	(Notary's name)	
Personally appeared	and proved to me on the basis of	
	rinted name of signer)	
Satisfactory evidence of Identification	to be the above-named e of unexpired government-issued ID provided)	
Person who signed the foregoing instrument.	e of an expired government assued to provided)	

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Notary (Print):_____

Notary (Signature):_____

My commission expires on_______, 20_____

(Seal)