



*Educating the Mind. Inspiring the Spirit.*

## Parent Loan Request Form

### Parent Information

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Social Security Number \_\_\_\_\_

Loan Period          Fall                  Spring                  Summer

Please circle the semester(s) for which you are requesting this loan. Circle all that apply.

Requested Loan Amount \$ \_\_\_\_\_

### Student Information

Name \_\_\_\_\_

Social Security Number \_\_\_\_\_

### Refund Check Information

If a refund check will be issued send the check to  Parent (at above address)  Student

Please check box of person who should receive the refund check.

Parent Signature (required) \_\_\_\_\_

Return To:  
Newman University  
Financial Aid Office  
3100 McCormick Ave  
Wichita, KS 67213-2097  
316-942-4483 Fax  
316-942-4291  
(1-877-NEWMANU)  
[www.newmanu.edu](http://www.newmanu.edu)