Parent Information Mailing Address_____ Social Security Number_____ Loan Period (check all that apply) \square Fall □ Spring Requested Loan Amount____ (Note: bank will take off a 4.0% origination/guarantee fee) Student Information Social Security Number_____ Refund Check Information If a refund check will be issued, send the check to (check one) ☐ Parent (at above address) ☐ Student Parent Signature_____ Please return this form to: Hesston College Financial Aid Box 3000 Hesston, KS 67062

Questions? Call 620-327-8220 or 800-99-LARKS (800-995-2757)

fax 620-327-8300