 **2024-25 Private Loan Request**

Student’s Last Name Student’s First Name Student’s ID Number

I am acceptingthe following **Private Educational** loan from .

(Lending Institution)

I request the loan to be disbursed in the following amounts for the 2024-2025 Academic year:

|  |  |
| --- | --- |
| 24 Fall Semester Amount | $ |
| 25 Spring Semester Amount | $ |
|   |
| Total Private Educational Loan Amount | $  |

I certify that the information on this form is true and correct by signing here:

Signature Date

**Complete, sign, print, scan and return form by mail, email, or fax**:

Arizona Christian University

**Attn: Enrollment Management Specialist Team** Email: financialaid@arizonachristian.edu

1 West Firestorm Way Fax: (602) 489-5307

Glendale, AZ 85306

Office: (602) 489-5300