

**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](mailto:financialaid@arizonachristian.edu)

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

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