

SANTA ANA COLLEGE FINANCIAL AID OFFICE 1530 W. 17th St., Santa Ana, CA 92706 T: (714) 564-6242 F: (714) 564-6131 www.sac.edu

| Office Use Only: | | |
|-----------------------|------------|--|
| Reviewed by: Date: | _ | |
| New Borrower | \bigcirc | |
| Return Borrower | \bigcirc | |

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-**PROCESSING DIRECT LOAN CHECKLIST**

| Student's Name: SSN#: | Student ID: DOB: | | |
|--|--|--|--|
| Dependency status (accordi | ling to ISIR): | | |
| SAP status Fall21 S | SAP status: | | |
| Enrolled units eligible for DI Entrance Counseling Check | SAP status: | No. Send IQ dated | |
| New borrower | r | | |
| Prior loans: | first loan period: to From School: | | |
| | last loan period: to From School: | | |
| Is there an Overlap in the last Loan Period? INO Yes. Analyst needs to clarify student's FA eligibility | | | |
| Total outstanding subsidized | ed student loan shows on NSLDS: \$ | | |
| Total outstanding unsubsidi | lized student loan shows on NSLDS: \$ | | |
| | | | |
| To be completed by Analys | st: | | |
| | coursework□ Level 1= 0 to 29.9 completed Units □ Level 2= 30+ | | |
| Loan period: 🗆 AY | □ Fall 2021 ONLY □ Spring 202 | | |
| | bove Loan Period): Budget used: | | |
| EFC: DAY | one semester EFC used: | | |
| Harrist Cast | FA awarded: | | |
| Unmet Cost: | | | |
| | Amount: \$ F1C21DS1, SF600 or \$ | | |
| FAD= AW, update CRI, ac FAD is not AW, update CI during packaging. Denied, reason(s): | an Amount: \$ Dep, F1C21DU1, SF610 or \$ dd DL to AIDE and forward this form to Ruby for RAW. Ruby will scar CRI, do not add DL to AIDE, give the complete form to Tech, Tech will | this complete form into ImageNow. scan it into ImageNow. DL will be automatically added | |
| Notified student:pho | oneemailmail Date Notified: | | |
| □ Other: | | | |
| To be completed by FA staff (print name) on (date) 150% status for new borrower: Max. Sub. Elig. Period: Sum Actual Sub. Usage: | | | |
| | Remaining Actual Sub. Eligibility Period: by File PUS | | |
| □ Student dropped below 6 | 6 units effective date: □ Student separated from | | |
| | | t Counseling instructions | |