



Lansing Community College
 1121 – Financial Aid Office
 Room 203, Gannon Building
 PO Box 40010
 Lansing, MI 48901-7210
 Phone: (517) 483-1200 (option 2)
 Fax: (517) 483-1170

**Financial Aid
 Alternative Loan
 Self-Certification
 2011-2012**

Please use blue or black ink when completing this form.

Student Name _____ LCC Student # _____

SECTION 1: NOTICES TO STUDENT

- Free or lower-cost Title IV federal, state, or school student financial aid may be available in place of, or in addition to, an alternative loan. To apply for Title IV federal grants, loans and work-study, submit a Free Application for Federal Student Aid (FAFSA) available at www.fafsa.gov, or by calling 1-800-4-FED-AID.
- An Alternative Loan may reduce eligibility for free or lower-cost federal, state, or school student financial aid.
- You are required to meet the terms and conditions set by your lender and LCC’s Financial Aid Office in order to maintain eligibility for your Alternative Loan.
- Any balance incurred due to a cancelled Alternative Loan, or failure to endorse your Alternative Loan check once received by the Student Finance Department will result in a registration hold being placed on your student account to prevent registration for future semesters. It is your responsibility to endorse your check, if required by the lender, even if LCC has already disbursed your funds.

SECTION 2: ALTERNATIVE LOAN INFORMATION

I have applied for an Alternative Loan with _____
(Lender)

In the amount of \$ _____

I am applying for the Alternative Loan for the following semester(s): *check all that apply*

____ Fall 2011 ____ Spring 2012 ____ Summer 2012

SECTION 3: APPLICANT INFORMATION

Date of Birth (mm/dd/yyyy): ____/____/____

Permanent Street Address: _____

City, State, Zip Code: _____

Telephone Number: Home (____) _____ Other (____) _____

E-mail Address: _____

SECTION 4: APPLICANT SIGNATURE

I certify that I have read and understood the notices in Section 1 and, that to the best of my knowledge, the information provided on this form is true and correct.

Signature of Applicant _____ **Date** (mm/dd/yyyy) _____

For Office Use Only LALTSC	P _____	A _____	D _____	Revised 8/30/2011
--------------------------------------	---------	---------	---------	-------------------