



VERMONT STUDENT ASSISTANCE CORPORATION  
 PO Box 999, Winooski, VT 05404-0999  
 Toll free: 1-888-307-8722

www.vsac.org

# VSAC MEDICAL LOAN SCHOOL CERTIFICATION

**INSTRUCTIONS:** Please have an **authorized school official** certify loan eligibility for the student named below.  
 Certification may be provided electronically. Call 1-888-307-8722 for more information.

<b>Student Name</b>	<b>Student SSN</b>
<b>Student Requested Loan Amount</b>	<b>Origination Fee (fee is deducted from loan amount)</b>
<b>.00</b>	<b>%</b>
<b>Requested Loan Period:</b>	

The student named above has been pre-approved for the VSAC Medical Loan. The VSAC Medical Loan is a private, credit-based education loan for Vermont residents attending school in or out-of-state, as well as for students attending school in Vermont. The VSAC Medical Loan is intended to supplement federal, state and school aid. VSAC Medical Loan eligibility is based on cost minus aid, enrollment status, and federal aid eligibility. The VSAC Medical Loan may be used for educational purposes only (tuition, books, fees, living expenses, supplies, and transportation related to attendance) as certified by the school.

By completing this form you are certifying that:

- Your institution is a U.S. Department of Education eligible institution and participates in at least one Title IV loan program.
- The student is enrolled at least half-time at your institution and is eligible for federal student aid.
- The student is matriculated or enrolled in approved preparatory coursework (preparatory coursework may exceed twelve months in length).
- The student is borrowing the maximum federal loans for which s/he is eligible.
- The *Certified Loan Amount* (see below) does not exceed cost minus aid.
- Your institution will notify VSAC immediately if the student no longer meets any of the eligibility requirements.  
(Pending disbursements will be cancelled.)

Check here **ONLY** if the student **DOES NOT** meet the requirements outlined above. Sign and date this form and return it to VSAC. Otherwise, please provide the information requested below and return this form to VSAC.

<b>Enrollment Status</b>	<b>Grade Level (1-5, A-D)</b>	<b>Loan Period (Month/Day/Year)</b>	<b>Anticipated Graduation Date</b>
<input type="checkbox"/> Full Time <input type="checkbox"/> At Least Half Time		<b>From:</b> <b>To:</b>	
<b>Cost of Attendance</b>	<b>Financial Aid</b>	<b>Certified Loan Amount (Cost minus Aid)</b>	
\$	\$	\$	

**Funding Method**

**How do you want to receive the loan funds?** If a preference is not indicated, and you have a VSAC EFT agreement, VSAC will send funds electronically. Otherwise, funds will be sent via co-payable check(s).

**EFT (Electronic Funds Transfer)**                       **Check**

**Recommended Disbursement Date(s) and Amount(s) (FFELP guidelines should be followed whenever possible.)**

**Dates:**    1. \_\_\_\_\_    2. \_\_\_\_\_    3. \_\_\_\_\_    4. \_\_\_\_\_

**Amounts:** 1. \_\_\_\_\_    2. \_\_\_\_\_    3. \_\_\_\_\_    4. \_\_\_\_\_

**School Name** \_\_\_\_\_ **School Code** \_\_\_\_\_

**Signature of Authorized School Official** \_\_\_\_\_ **Date** \_\_\_\_\_

**Printed or Typed Name/Title** \_\_\_\_\_ **Phone** \_\_\_\_\_