

# Perkins Student Loan Entrance Counseling

## PERSONAL & CONFIDENTIAL

I understand that:

(Check Boxes Below)

- I will receive a Perkins student loan and must repay my loan on a timely basis as called for in the repayment agreement that was mutually agreed upon by me and University of North Carolina Asheville.
- I must contact the University of North Carolina Asheville, prior to the due date, if any payment cannot be made for any reason.
- I must inform University of North Carolina Asheville immediately, of any change in my name or address.
- I must submit timely certification when requesting deferment, and/or cancellation benefits.
- I can accelerate or make payments prior to the due date without penalty.
- I can make payment in excess of the amount due. This can reduce the total amount of interest I will be required to pay over the life of my loan, but may not apply automatically to my next scheduled payment.
- I understand that I am entitled to a 9 month grace period after I separate from being enrolled at least half time at University of North Carolina Asheville or any subsequent College or University.
- I understand that my interest will begin to accrue after the grace period has been completed.
- I might be eligible to defer, postpone and/or cancel repayment of my loan. The appropriate form to request any one of these privileges can be obtained from the University of North Carolina Asheville or Campus Partners.
- Provisions of my promissory note require payment of my loan in minimum monthly payment installments.
- My loan will be subject to late charges if payments are past due.
- I will be required to pay the total cost of collection and/or litigation if my loan(s) becomes past due and remains past due without appropriate arrangements to bring it current.
- Depending upon the promissory note provisions, I might be subject to being reported to Credit Bureaus.

Name:		Social Security Number:		Student ID Number:	
Local Address: Apartment No.			Permanent Address: <span style="background-color: yellow;">(if different)</span> Apartment No.		
Street:			Street:		
City/State/Zip:			City/State/Zip:		
Phone Number: ( )		Mobile: ( )		Phone Number: ( ) Mobile: ( )	
Email Address:			Driver's License No.:		State of Issue of D/L:
Date of Birth:			Expected Date of Graduation:		
Father, Stepfather, or Guardian:		Address:		City/State:	Phone No.:
Mother, Stepmother, or Guardian:		Address:		City/State:	Phone No.:

TWO REFERENCES FROM HOME LOCALITY OTHER THAN RELATIVES OR STUDENTS	THE RELATIVES OTHER THAN PARENTS WHO WILL ALWAYS KNOW YOUR ADDRESS
1) Name: _____ Phone No.: ( ) _____	1) Name: _____ Phone No.: ( ) _____
Address: _____	Address: _____
City, State: _____ Zip: _____	City, State: _____ Zip: _____
2) Name: _____ Phone No.: ( ) _____	2) Name: _____ Phone No.: ( ) _____
Address: _____	Address: _____
City, State: _____ Zip: _____	City, State: _____ Zip: _____

I certify that the above information is correct to the best of my knowledge and I have received a copy of this exact form.

**Borrower**  
**Signature:** \_\_\_\_\_  
**Printed Name:** \_\_\_\_\_  
**Date:** \_\_\_\_\_

**UNCA Rep.**  
**Signature:** \_\_\_\_\_  
**Printed Name:** \_\_\_\_\_  
**Date:** \_\_\_\_\_