

KANSAS CITY ART INSTITUTE

A four-year college of art and design

BORROWER INFORMATION

Name _____ Social Security # _____
(last) (first) (mi)

Date of Birth ____/____/____ Graduation Date (mm/yr) _____

Permanent Address _____ Phone # (____) _____

Local Address _____ Phone # (____) _____

REFERENCE INFORMATION

Please list **2 references**, a relative (other than parent) or close friend who will know your address at all times. **(Do not reference former employers or school connections.)**

(1) Name _____ Relationship _____
 Address _____ Telephone (____) _____
 City, State, Zip _____

(2) Name _____ Relationship _____
 Address _____ Telephone (____) _____
 City, State, Zip _____

LOAN INFORMATION

Loan Requested for: Fall 20__ & Spring 20__ Fall Only 20__ Spring Only 20__

Loan Amount Requested: \$ _____ (see award letter sent by the Financial Aid Office)

SIGNATURE INFORMATION

I hereby acknowledge that the information submitted herewith is true and correct and I fully understand my obligations incurred by this loan and the conditions of its repayment.

Authorization to Credit Title IV Financial Aid: By signature below I authorize Kansas City Art Institute to credit my tuition and fees account directly with my Perkins loan. I understand that I will be notified prior to disbursement of my loan. This authorization remains in effect as long as I attend Kansas City Art Institute. I have the right to cancel this authorization at any time by giving Kansas City Art Institute Business Office, Attention Student Accounts written notice of the cancellation.

Student's Signature: _____ **Date:** _____

(After completing this form, submit to: Financial Aid Office, KCAI, 4415 Warwick, Kansas City, MO 64111)