

YORK College

FADES: FINANCIAL AWARENESS and DEBT MANGEMENT EDUCATION for STUDENTS

ALL FIRST TIME BORROWERS MUST ATTEND A FADES WORKSHOP. FOLLOW THE STEPS BELOW TO MAKE AN APPOINTMENT. YOU MUST SIGN UP BEFORE ATTENDING!

STEP 1: DOWNLOAD AND COMPLETE THE FADES CONTACT INFORMATION SHEET AND DIRECT LOAN REQUEST FORM AT WWW.YORK.CUNY.EDU/FINAID. (FORMS ALSO AVAILABLE IN THE FINANCIAL AID OFFICE, RM. AC-1M08)

STEP 2:VIEW WORKSHOP SCHEDULE AND SELECT A DAY AND TIME YOU PLAN TO ATTEND. (FADES WORKSHOP SCHEDULE ON THE NEXT PAGE)

STEP 3:*YOU MUST EMAIL THE DEFAULT MANAGER WITH YOUR APPOINTMENT REQUEST, INCLUDING YOUR FIRST AND LAST NAME AND TELEPHONE NUMBER TO FADESWORKSHOP@YORK.CUNY.EDU.

STEP 4:ONCE REQUEST HAS BEEN CONFIRMED, BRING ALL COMPLETED FORMS WITH YOU TO YOUR SCHEDULED APPOINTMENT

**CUNY- YORK COLLEGE
Financial Aid Office
94-20 Guy R. Brewer Blvd,
RM. AC-1M08
Jamaica, NY 11451**

**718.262.2230: Main Office
718.262.2234: Default Manager, Brenda Brown
718.262.2236: Office Fax
E-mail: fadesworkshop@york.cuny.edu
Website: www.york.cuny.edu/finaid**



2016 MARCH 2016

**IMPORTANT! ALL COUNSELING SESSIONS START PROMPTLY.
PLEASE ARRIVE 15 MINUTES EARLY.
IF YOU ARE LATE YOU WILL NOT BE PERMITTED INTO THE WORKSHOP!**



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| | | | |
|------------------|---|---------------------------|--------------------|
| WEDNESDAY | MARCH 9 MARCH 16 | 10:30AM – 12: 00PM | Rm. AC-1C07 |
| THURSDAY | MARCH 10 MARCH 17 MARCH 31 | 11:00AM – 12: 30PM | Rm. AC-1C07 |
| FRIDAY | MARCH 4 | 10:30AM – 12:00PM | Rm. AC-1B04 |

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Website: www.york.cuny.edu/finaid

FEDERAL DIRECT LOAN ENTRANCE COUNSELING CONTACT INFORMATION FORM

*****COMPLETE THIS FORM USING BLUE OR BLACK INK ONLY*****

ENROLLMENT INFORMATION

Loan type: **FEDERAL DIRECT LOAN**

Academic Term (Check all that apply) Summer 20 _____ Fall 20 _____ Spring 20 _____

Intended Major: _____ Current GPA: _____

Class: Freshman Sophomore Junior Senior 2nd Degree Graduate
 (Check One) L(0-14.9) U(15-29.9) L(30-44.9) U(45-59.9) L(60-74.9) U(75-89.9) L(90-104.9) U(105-120+)

BORROWER INFORMATION

Name: _____
LAST FIRST MI

D.O.B: _____ / _____ / _____ SSN#: _____ / _____ / _____
MONTH DAY YEAR CUNYfirst ID#

Current US Address: _____
STREET APT. NO
 _____ / _____ / _____
CITY STATE ZIP CODE

US Mailing Address: (If Different) _____
STREET APT. NO
 _____ / _____ / _____
CITY STATE ZIP CODE

Telephone: _____ / _____
HOME CELL
 _____ / _____
FAX PAGER

Driver's License State/ Driver's License ID Number: _____ / _____
STATE NUMBER

Personal Email: (yahoo, msn, Gmail, etc.) _____

EMPLOYMENT INFORMATION

(Check if applicable) **UNEMPLOYED**

Current Employer: _____

Years Employed: _____

Employer Address: _____
STREET FL./ SUITE. NO
 _____ / _____ / _____
CITY STATE ZIP CODE

Contact: _____

| | |
|---|-------------|
| OFFICE PHONE | OFFICE CELL |
| FAX | EMAIL |
| PARENT INFORMATION | |
| PARENT 1/Legal Guardian 1 (Check if applicable) <input type="checkbox"/> Deceased <input type="checkbox"/> Foreign Country | |
| Name: _____ | |
| LAST | FIRST |
| MI | |
| Current US Address: | |
| STREET | APT. NO |
| CITY | STATE |
| ZIP CODE | |
| US Mailing Address: (If Different) | |
| STREET | APT. NO |
| CITY | STATE |
| ZIP CODE | |
| Telephone: | |
| HOME | CELL |
| FAX | PAGER |
| Personal Email: (yahoo, msn, Gmail, etc.) | |
| PARENT 2/Legal Guardian 2 (Check if applicable) <input type="checkbox"/> Deceased <input type="checkbox"/> Foreign Country | |
| Name: _____ | |
| LAST | FIRST |
| MI | |
| Current US Address: | |
| STREET | APT. NO |
| CITY | STATE |
| ZIP CODE | |
| US Mailing Address: (If Different) | |
| STREET | APT. NO |
| CITY | STATE |
| ZIP CODE | |
| Telephone: | |
| HOME | CELL |

| |
|--|
| _____ / _____ FAX WORK |
| Personal Email: (yahoo, msn, Gmail, etc.) |
| REFERENCE INFORMATION: Your References Must Have Separate U.S. Addresses |
| Nearest Relative Not Living With You: (Ex; Grandparents, Uncle, Aunt, Cousin, Brother, Sister) |
| Name: _____ LAST FIRST MI |
| Relationship to you: |
| Current US Address: |
| _____ / _____ STREET APT. NO |
| _____ / _____ / _____ CITY STATE ZIP CODE |
| US Mailing Address: (If Different) |
| _____ / _____ STREET APT. NO |
| _____ / _____ / _____ CITY STATE ZIP CODE |
| Telephone: |
| _____ / _____ HOME CELL |
| _____ / _____ FAX WORK |
| Personal Email: (yahoo, msn, Gmail, etc.) |
| REFERENCE 1: Must have a 3 year minimum relationship (Ex; Family Friend, Co-Worker, Professor, Counselor, Neighbor, Pastor) |
| Name: _____ LAST FIRST MI |
| Relationship to you: |
| Current US Address: |
| _____ / _____ STREET APT. NO |
| _____ / _____ / _____ CITY STATE ZIP CODE |
| US Mailing Address: (If Different) |
| _____ / _____ STREET APT. NO |
| _____ / _____ / _____ CITY STATE ZIP CODE |
| Telephone: |

FADES PROGRAM @ YORK College 94-20 Guy R. Brewer Blvd., Rm. AC-1M08 • Jamaica, NY 11451
 Financial Awareness and Debt Management Education for Students

| | |
|--|----------------|
| / | / |
| <i>HOME</i> | <i>CELL</i> |
| / | / |
| <i>FAX</i> | <i>WORK</i> |
| Personal Email: (yahoo, msn, Gmail, etc.) | |
| REFERENCE 2: Must have a 3 year minimum relationship (Ex; Family Friend, Co-Worker, Professor, Counselor, Neighbor, Pastor) | |
| Name: _____ | |
| <i>LAST</i> | <i>FIRST</i> |
| | |
| Relationship to you: | |
| | |
| Current US Address: | |
| / | / |
| <i>STREET</i> | <i>APT. NO</i> |
| / | / |
| <i>CITY</i> | <i>STATE</i> |
| | |
| <i>ZIP CODE</i> | |
| US Mailing Address: (If Different) | |
| / | / |
| <i>STREET</i> | <i>APT. NO</i> |
| / | / |
| <i>CITY</i> | <i>STATE</i> |
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| / | / |
| <i>HOME</i> | <i>CELL</i> |
| / | / |
| <i>FAX</i> | <i>WORK</i> |
| Personal Email: (yahoo, msn, Gmail, etc.) | |

I certify that the information provided on this form is accurate and true, that my signature certifies that I have completed the Federal Direct Loan and/or Federal Perkins Loan Entrance Counseling session as required by federal statute and regulation for all borrowers and I have received entrance counseling materials for the Federal Direct Loan program. I understand that a student loan is not a grant and it must to be repaid with interest. I also understand that I have specific rights and responsibilities as a borrower under the Federal Direct Loan Program. I must complete an Entrance Exam and sign the Master Promissory Note (MPN) for the Federal Direct Loan in order to borrow a student loan. I will inform my school's Financial Aid Office and the Direct Loan Servicing Center about any change in my status.

COMPLETE THIS FORM USING BLUE OR BLACK INK ONLY***

| | |
|-------------------------------|------------------------|
| Student's Name (Please Print) | Social Security Number |
| Student's Signature | Date |
| Default Manager's Signature | Date |