

**Academic Year 2019-2020**  
**JOHNS HOPKINS BLOOMBERG SCHOOL OF PUBLIC HEALTH**  
**Financial Aid Office**  
**615 N. Wolfe Street, Suite E1002**  
**Baltimore, MD 21205-2179**  
**Phone: (410) 955-3004 Fax: (410) 955-0464**  
**E-Mail: [JHSPH.finaid@jhu.edu](mailto:JHSPH.finaid@jhu.edu)**  
**<http://www.jhsph.edu/financial-aid>**

***Private Education Loan Application***

This application is for students who want to apply for alternative loans from private lending institutions and do not wish to or cannot complete the Federal Financial Aid application process. International students, students classified as special student limited, and students enrolled on a less-than-half-time basis (1-5 credits per term) are eligible to apply for alternative loans. You can locate potential lenders by searching the JHU Elm Select website or by searching the internet for private education loans. You must use our school code (002077-05) when you apply. Submit this form to the Financial Aid Office after your loan has been approved by your lender.

Name \_\_\_\_\_

Current Address \_\_\_\_\_

(Street) (City) (State) (Zip)

E-Mail Address \_\_\_\_\_ Telephone Number (\_\_\_\_\_) \_\_\_\_\_

Department \_\_\_\_\_ Degree Program \_\_\_\_\_

Lender's Name: \_\_\_\_\_ Loan Amount \$ \_\_\_\_\_

**WITH A FEW EXCEPTIONS, YOUR LOAN WILL BE CERTIFIED FOR THE ENTIRE PERIOD OF YOUR ENROLLMENT AND FUNDS WILL BE EQUALLY DISBURSED PER TERM. MOST LENDERS PERMIT A MAXIMUM OF FOUR DISBURSEMENTS.**

Enrollment Periods	Enrollment Period Dates	Anticipated Credits Per Term	Alternate Distribution Request
Summer Institute	05/28/2019 - 08/23/2019		\$
Summer Term	07/01/2019 - 08/23/2019		\$
1 <sup>st</sup> Term	09/03/2019 - 10/25/2019		\$
2 <sup>nd</sup> Term	10/28/2019 - 12/20/2019		\$
Winter Intersession	01/06/2020 - 01/17/2020		\$
3 <sup>rd</sup> Term	01/21/2020 - 03/03/2020		\$
4 <sup>th</sup> Term	03/22/2020 - 05/15/2020		\$
<b>Total:</b>			\$

Will you receive financial support (tuition, insurance, or fees) from the School or your academic department in 2019-2020? Yes/No \_\_\_\_\_ If yes, list amount or percentage of financial support per year: \$ \_\_\_\_\_

Will you receive financial support such as a scholarship or grant from an outside agency) in 2019-2020? Yes/No \_\_\_\_\_ If yes, list the source and the amount. Include any aid not previously listed on this form. Do not include stipends.

\_\_\_\_\_ \$ \_\_\_\_\_

Will you receive employer tuition assistance from JHU/JHH or other employment to use toward your education costs? Yes/No \_\_\_\_\_ If yes, list the source and the amount. \_\_\_\_\_ \$ \_\_\_\_\_

\*SIGNATURE (REQUIRED)

DATE (MM/DD/YYYY)

**Document may be faxed upon completion to 410-955-0464  
or you may scan and email as an attachment to [JHSPH.finaid@jhu.edu](mailto:JHSPH.finaid@jhu.edu).**