

Your dreams. Our mission.

## **Financial Aid Offices**

50 Oakland Street, Wellesley Hills, MA 02481 Phone (781) 239-2600 19 Flagg Drive, Framingham, MA 01702 Phone (508) 270-4010

Fax (781) 239-2607 Email: finaid@massbay.edu

## **Disability Discharge Loan Certification Statement 2021-2022**

tudent's Name:Mass	Bay ID#:
Please complete the Sections below to request our office to re	eview your eligibility for
the following financial aid fund source	S.
If you are requesting Grant and Loan funding, please comple	ete <b>both</b> sections below.
SECTION 1 Grant Request	
If you are only requesting Federal Grant Funds and NO loan funds, then pl	ease understand that a Physician's
Certification is <b>not</b> required. If you should want to be considered for loan fur	nding, please complete Section 2 and
provide a physician's certification that you have the ability to engage it	in substantial gainful activity.
Please sign below in Section 1 that you read and understand	l your grant request.
If you do not want to be considered for loan funding, then you do not	need to complete Section 2.
Student's Signature:	Date:
NOTE: Signatures cannot be typed or stamped. Must be a wet	
SECTION 7 Loan Reguest	
SECTION 2 Loan Request	
I understand that I am requesting to borrow a new Federal Direct Stafford borrowed through the Federal Student Aid programs dischar I understand that any loan that I borrow under the Federal Student Aid programs any present impairment unless it deteriorates so that I am again total	rged due to disability. grams cannot later be discharged for
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I understand that I am requesting to borrow a new Federal Direct Stafford borrowed through the Federal Student Aid programs dischar I understand that any loan that I borrow under the Federal Student Aid programs present impairment unless it deteriorates so that I am again totate any present impairment unless it deteriorates so that I am again totate and I acan Information  Loan:  Semester:  Amount:  Please provide a signed physician's certification statement stating that substantial gainful activity. Please submit the certification statement MassBay Financial Aid Office, otherwise your loan required I acknowledge that I have read, understand, and agree to the interpretation of the program of the progra	t you have the ability to engage in when submitting this form to the uest will be denied.  Date: Date: