

Disability Discharge Loan Certification Statement 2021-2022

Student's Name: _____ MassBay ID#: _____

Please complete the Sections below to request our office to review your eligibility for the following financial aid fund sources.

If you are requesting Grant **and** Loan funding, please complete **both** sections below.

SECTION 1 Grant Request

If you are only requesting Federal Grant Funds and NO loan funds, then please understand that a Physician's Certification is **not** required. If you should want to be considered for loan funding, please complete Section 2 and provide a physician's certification that you have the ability to engage in substantial gainful activity.

Please sign below in **Section 1** that you read and understand 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 signature (signed by pen).

SECTION 2 Loan Request

I understand that I am requesting to borrow a new Federal Direct Stafford Loan after having previous loans borrowed through the Federal Student Aid programs discharged due to disability.
I understand that any loan that I borrow under the Federal Student Aid programs cannot later be discharged for any present impairment unless it deteriorates so that I am again totally and permanently disabled.

Loan Information

Loan: _____

Semester: _____

Amount: _____

Please provide a signed physician's certification statement stating that you have the ability to engage in substantial gainful activity. Please submit the certification statement when submitting this form to the MassBay Financial Aid Office, otherwise your loan request will be denied.

I acknowledge that I have read, understand, and agree to the information in **Section 2**.

Student's Signature: _____ Date: _____

NOTE: Signatures cannot be typed or stamped. Must be a wet signature (signed by pen).