

Application for Stafford/PLUS Loan Fee Reimbursement

Form to be completed by the CGMA Client, or, if client is deceased, surviving spouse or legal guardian.
Submit a separate request for each academic term (e.g. Fall Semester, Winter Quarter).

STUDENT INFORMATION

1. Academic Term: (e.g. Fall Semester 2008)	2. Check loan type(s) for which disbursements were received this academic term:		
	<input type="checkbox"/> Federal Stafford	<input type="checkbox"/> Federal PLUS	
3. Name: Last	First	M.I.	4. Social Security Number
			- -
5. Address: Street	Apt. No.	City	State Zip Code
			-
6. Date of Birth (MM/DD/YYYY)			7. Telephone No:
/ /			() -
8. Student is a: (check one)			
<input type="checkbox"/> CGMA Client <input type="checkbox"/> CGMA Client's Spouse <input type="checkbox"/> CGMA Client's Dependent Child			

CGMA CLIENT INFORMATION

If CGMA client is deceased, spouse/legal guardian information may be substituted in blocks marked with an asterisk (*).

9. Name: Last	First	M.I.	10. Social Security Number
			- -
*11. Home Address: Street	Apt. No.	City	State Zip Code
			-
*12. Home Telephone No:		*13. Home E-Mail Address	
() -			
14. Status: (Indicate prior status if CGMA Client is deceased)			
<input type="checkbox"/> Active Duty <input type="checkbox"/> Retired <input type="checkbox"/> Civilian <input type="checkbox"/> Reserve <input type="checkbox"/> Auxiliary <input type="checkbox"/> NAF <input type="checkbox"/> PHS <input type="checkbox"/> CGMA			
15. Rank/Rate/Grade:	16. Current Duty Station/OPFAC#: (if applicable)		17. Work Telephone No: Ext.
			() -
18. Check here if CGMA client is deceased:	Name of surviving spouse/legal guardian:		
<input type="checkbox"/>	Last	First	M.I.

I certify that all information contained herein is true, accurate and complete.

*CGMA Client's Signature _____ Date ____/____/____

Attach the following documents:

- A copy of the "Notice of Loan guarantee and Disclosure Statement" (FFEL Program) or "Notice of Loan Disbursement" (Direct Loan Program) for each loan disbursed for the academic term
- An account statement (not an invoice or billing statement) obtained or received from the school at the end of the academic term showing deposits to the student's school account for the term
- A copy of the client's valid Coast Guard ID card (both sides, clearly legible)
(If CGMA client is deceased, provide a copy of spouse's/legal guardian's valid ID.)

Please forward this form and the above listed documents to:

Coast Guard Mutual Assistance
US Coast Guard Mail Stop 7180
4200 Wilson Blvd., Suite 610
Arlington, VA 20598-7180

OR

Send a facsimile to: (202) 493-6686

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