



Student's Last Name

Student's First Name

Student's ID Number

I am accepting the following **Private Educational** loan from _____
(Lending Institution)

I request the loan to be disbursed in the following amounts for the 2025-2026 Academic year:

25 Fall Semester Amount	\$
26 Spring Semester Amount	\$
Total Private Educational Loan Amount	\$

I certify that the information on this form is true and correct by signing here:

Signature

Date

Complete, sign, print, scan and return form by mail, email, or fax:

Arizona Christian University
Attn: Enrollment Management Specialist Team
1 West Firestorm Way
Glendale, AZ 85306
Office: (602) 489-5300

Email: financialaid@arizonachristian.edu
Fax: (602) 489-5307