



**Financial Aid Office**  
**Heartland Community College**  
 1500 W. Raab Road  
 Normal, IL 61761  
 Fax: (309) 268-7962  
 Email: [FinAid@Heartland.edu](mailto:FinAid@Heartland.edu)

# Federal Direct Loan Program Borrower Information Sheet

**Print:** Student Name \_\_\_\_\_ HCC ID #: \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Cell Phone (if applicable) \_\_\_\_\_

## Section 2- References

### Must Complete Entire Section

#### References

(Individuals who would be able to contact you over the next two-three years).

Name	Name
Street Address	Street Address
City, State, Zip Code	City, State, Zip Code
Telephone	Telephone
Relationship	Relationship

**Note that the Financial Aid Office may verify the accuracy of the information you provide on this form.**

#### Your Signature and Date

I have read and I understand my rights and responsibilities as a borrower. I also understand that I must repay my loan according to the terms of the promissory note.

Signature \_\_\_\_\_

Date \_\_\_\_\_