



# Financial Aid

MONROE COMMUNITY COLLEGE

## Certification for Federal Direct Stafford Loans After Discharge Due to Disability

Student: \_\_\_\_\_ M#: \_\_\_\_\_  
(Please Print)

### Part I — To be completed by student:

Please choose one of the following choices.

\_\_\_ I am NOT interested in receiving loans, but I am interested in Federal Grants and/or Federal Work Study.

\_\_\_ I am interested in receiving Federal Loans (if this option is selected please affirm the two statements below, as well as have Part II completed by a physician.)

I, \_\_\_\_\_ acknowledge that any new loan or TEACH grant I accept and receive cannot be discharged in the future on the basis of any present injury, illness, or impairment unless my condition substantially deteriorates so that I am once again totally and permanently disabled.

I, \_\_\_\_\_ acknowledge that if I am currently still in the post-discharge monitoring period or the conditional discharge period, I must also resume payment on any old loans before I receive a new loan or TEACH grant. I also acknowledge that if I was in default on any FSA loans, then upon my acceptance of any new loans, my previous default status is reinstated, and I must make satisfactory repayment arrangements before receiving any new loan, in addition to meeting the other requirements described.

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

### Complete Part II ONLY if requesting new student loans:

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### Part II — To be completed by physician:

I, \_\_\_\_\_ affirm that this student is able to engage in substantial gainful activity, to be defined as the ability to engage in competitive employment in the national economy. Please note that low earnings are not indicative of an inability to work.

Signature of Physician: \_\_\_\_\_ Date: \_\_\_\_\_

Official Office Stamp:  
(REQUIRED)

✓ Please mail to MCC Financial Aid Office; 1000 East Henrietta Road; Rochester, NY 14623; or submit this form in person at our office (Building 6, Room 207).

Revised 3/2018