Financial Aid Offices
50 Oakland Street, Wellesley Hills, MA 02481 Phone (781) 239-2600
490 Franklin Street, Framingham, MA 01702 Phone (508) 270-4010
Fax (781) 239-2607
Email: finaid@massbay.edu

Disability Discharge Loan Certification Statement 2025-2026

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

☐ I am **not** interested in receiving loans, but am interested in grants and/or Federal Work Study

Student's Signature:_____ Date: _____

SECTION 2 Loan Request

☐ **Yes**, I am requesting federal direct loans and will have my physician submit a **physician's certification statement** stating that I can engage in substantial gainful activity.

- 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

Semester: _____

Amount: _____

Please submit the physician certification statement when submitting this form to the MassBay Financial Aid Office, otherwise your loan request will be denied.

*You must also present a valid, government-issued photo identification (ID), such as a driver's license, other state issued ID, or US Passport to the Financial Aid Office. **It must be submitted to our office in person.** We will **not** accept this via email, fax or mail.

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

Student's Signature:_____ Date: _____