



Federal Direct Parent Loan (PLUS) Request Form

This form is for parents who wish to apply for a PLUS loan for their son or daughter.

Student Information

_____ Last Name	_____ First Name	_____ M.I.	_____ SFSC Student ID
_____ Mailing Address	_____ City	_____ State	_____ Zip
_____ Cell Number	_____ Phone Number	_____ E-mail	

Parent Information

_____ Last Name	_____ First Name	_____ M.I.	_____ Social Security Number
_____ Mailing Address	_____ City	_____ State	_____ Zip
_____ Cell Number	_____ E-mail	_____ Date of Birth	
_____ Driver's License Number	_____ Issuing State	_____ State of Legal Residence	

Parent's Citizenship Status (check one): ____ US Citizen ____ Permanent Resident of the US Alien # _____

Loan Request Information

Loan Request Information: Amount Requesting: _____ or Your loan will be certified for your maximum eligibility based on federal guidelines up to the amount you request whichever is less. The loan is determined by taking the Cost of Attendance – Estimated Financial Aid.

Indicate the terms of enrollment in which you would like your loan disbursed below:

- | | |
|---------------------------------|---|
| <input type="checkbox"/> Fall | <input type="checkbox"/> Fall/Spring |
| <input type="checkbox"/> Spring | <input type="checkbox"/> Spring/Summer |
| <input type="checkbox"/> Summer | <input type="checkbox"/> Fall/Spring/Summer |

I authorize the school to pay the credit balance to the student (Check One): If you answer YES, any balance will be made payable to the student and mailed to the student's address on record at SFCC. If you answer NO any balance will be mailed to the parent's address on this form. ____YES ____NO

I understand I am borrowing a federal loan and it must be repaid. Furthermore, I understand the financial decision on approval of the PLUS loan is dependent upon a credit check performed by the U.S. Department of Education (DOE) and their final decision cannot be controlled by SFCC.

If my loan funds are not disbursed within 90 days of the approval of my PLUS loan, I grant permission for a new credit check to be performed. ____YES ____NO

I certify the information provided is true and correct to the best of my knowledge.

_____ Signature of PARENT Borrower	_____ Date
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*****Notification of Social Security Number Collection and Usage:** Your social security number will be used for a credit check and for reporting to the National Student Loan Data Service (NSLDS).***

Please submit all documents to: South Florida State College ■ Financial Aid Office ■ 600 W. College Drive ■ Avon Park, FL 33825
OR E-mail: FinancialAid@southflorida.edu