



## Federal Direct Parent Loan (PLUS) Request Form 2025-2026

### 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

**\*\*\*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](mailto:FinancialAid@southflorida.edu)