

## FEDERAL DIRECT PARENT PLUS LOAN REQUEST FORM 2009-10

If you are requesting an additional Federal Direct Parent PLUS Loan, please complete this form and return it to Shawnee State University Office of Financial Aid. This loan is in the parent's name, is the responsibility of the parent, and is subject to credit approval.

### STUDENT INFORMATION

Student Name	Date of Birth	Expected GRAD date	SSN	Student ID No.
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### PARENT INFORMATION

Last Name	First Name	MI Yes or No (circle one)	SSN
Permanent Street Address		American Citizen	Telephone
City	State	Zip Code	Driver's License No./State
Place of Employment		Work Phone Number	Relationship to Student

Total loan amount requested \_\_\_\_\_

Which semesters do you wish to receive this loan?     Summer     Fall     Spring  
 (The total loan amount requested will be divided evenly over each semester selected.)

Shawnee State University participates in the Federal Direct Loan Program. The Financial Aid Office will originate your loan and send it to the U.S. Department of Education. If approved, the Dept. of Ed. will send the loan funds to SSU for credit to your student's account.

I understand that the student must be registered for at least 6 credit hours per semester and must attend classes to be eligible for this parent PLUS loan. Awarded loan amounts are subject to change based on approval and continued eligibility.

If, after any and all disbursements of this PLUS loan are applied to the student's account, there is a credit balance available, the credit should be refunded to:

the parent (at the name and address above)       the student

I consent to Shawnee State University, the U.S. Department of Education and its agents obtaining a report of my credit record and using the information from that report in determining whether to make a Direct PLUS Loan to me. I understand that I will be notified in writing of the results of the credit check with respect to my loan application.

Parent Signature	Date
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### FOR OFFICE USE ONLY

Indep or Dep	Year ___ in a ___ program	Per Year	Per Semester
Hours Enrolled:	SM ___ FA ___ SP ___	COE	_____
Loan Period	_____ to _____	Total Aid	_____
Estimated Grad Date	_____	Unmet Need	_____
SAP Status	_____	\$ Requested	_____
		PLUS \$ _____	

Notes: \_\_\_\_\_

**Disbursement Dates**    1. \_\_\_\_\_    2. \_\_\_\_\_    3. \_\_\_\_\_

**Return this form to the Office of Financial Aid at Shawnee State University**