

## Student Financial Services Office • 197 Franklin St. Auburn, NY 13021 Phone 315-294-8470 • Fax 315-252-2185 financialservices@cayuga-cc.edu

## **REQUEST FOR FEDERAL DIRECT PLUS LOAN**

The Federal Direct Parent Loan for Undergraduate Students (PLUS) is a non-need based federal loan program. The lender is the U.S. Department of Education rather than a bank or credit union. If you are interested in borrowing a William D. Ford Federal Direct PLUS Loan, please complete this form and return it to the Student Financial Services Office.

By completing this form, I authorize Cayuga Community College to perform a credit check.

TO BE COMPLETED BY THE PARENT BORROWER:						
Parent Name			Soc. Sec. No			
Address						
Street		City		State	Zip Code	
Home Phone No			Date of Birth			
Parent email address						
Check one: U.S. Citizen Eligible Non-Citizen Alien Registration Number						
Driver's License: State						
Relationship to Student (check one): Father		Mother	Stepparent			
Total Amount you wish to Borrow \$						
Are you in default on a student loan? (check one) Yes			No			
<b>Loan Period - Please Check One:</b> If you will be borrowing for both the Fall and Spring semesters, we recommend that you apply for Fall and Spring loans at the same time. PLUS Loans for one semester only will require multiple disbursements, and half of the funds will not be available until after the midpoint of the semester.						
Fall 20 (1/2) and	Spring 20 (1/2)	Spri	ng 20 <u>Only</u>			
Parent Master Promissory Note (MPN):						
I have signed a MPN online at studentaid.gov// (Date signed)						
I have a Federal Direct Loan MPN on file from a prior year.						
I, the parent borrower, authorize the Student Financial Services Office at Cayuga Community College to apply all PLUS funds to any charges on the student's account including tuition, fees, bookstore charges and any other charges that the student may authorize or cause to be assessed against the student account. I confirm that I am not in default on a federal student loan. All funds in excess of the student bill will be refunded.						
I do/ do not give permission to have excess PLUS proceeds released to the student.						
Parent Signature			Date			
TO BE COMPLETED BY STUDENT:						
STUDENT NAME						
C#	DATE OF BIRTH					
OFFICE USE ONLY						
Approved Amount \$	Date Loan Origi	inated	Loan Period	SI	FS Initials	