



**SULLIVAN**  
COUNTY COMMUNITY COLLEGE  
S • U • N • Y

Financial Aid Office  
SUNY Sullivan  
112 College Road  
Loch Sheldrake, NY 12759  
Fax: (845) 434-0014  
Website: [www.sunysullivan.edu](http://www.sunysullivan.edu)

## FEDERAL DIRECT PLUS LOAN REQUEST FORM (Parent Loan for Undergraduate Students)

If you wish to borrow a Federal Direct PLUS Loan, please complete this Request Form and return to the Financial Aid Office. **PLEASE PRINT** in ink. **You must also complete and electronically sign a Federal Direct Loan Master Promissory Note (MPN) on-line [studentloans.gov](http://studentloans.gov).**

### PARENT INFORMATION:

Parent's Name (Last, First, MI): \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone Number: (\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_ Cell Phone Number: (\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_

Citizenship Status: \_\_\_\_\_ US Citizen; \_\_\_\_\_ Eligible Non-Citizen (Alien Registration # \_\_\_\_\_)

Driver's License: State: \_\_\_\_\_ # \_\_\_\_\_

E-mail Address: \_\_\_\_\_

### STUDENT INFORMATION:

Student's Name (Last, First, MI): \_\_\_\_\_

College ID#: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Relationship to Student: \_\_\_\_\_ Father \_\_\_\_\_ Mother \_\_\_\_\_ Step-Parent

**PLUS Loans are certified for the academic year (Fall 2019 and Spring 2020 semesters), unless the student is only attending one semester, then the loan will be certified for one semester. Therefore, the loan amount you request will be certified equally between the two semesters.**

**Loan Amount Requested Per Year: \$ \_\_\_\_\_**

I confirm that I am not currently in default on a Federal education loan nor owe a refund on a Federal student grant. I, the parent borrower, authorize the Student Billing Office at SUNY Sullivan to apply all PLUS funds to cover all charges on the above student's account, including tuition, fees, and any Non-Institutional charges (Housing, Meal Plan, books, etc.)

I authorize the Student Billing Office at SUNY Sullivan to have any amount in excess of the student's charges to be refunded directly to (please check one of the following only):

\_\_\_\_\_ The Student \_\_\_\_\_ The Parent Borrower

By signing this form, I am hereby consenting to the US Department of Education and its agents to perform a credit check and to use the information to determine whether to grant a Federal Direct PLUS Loan to me. (Please refer to the Privacy Act Disclosure Notice located on prior page.)

\_\_\_\_\_  
Parent Borrower Signature \_\_\_\_\_ Date

### OFFICE USE ONLY

Approved Amount \_\_\_\_\_ Date Approved/Denied \_\_\_\_\_ Loan Period \_\_\_\_\_

Disbursement Dates #1 \_\_\_\_\_ #2 \_\_\_\_\_ FA Initials \_\_\_\_\_