Financial Aid Office
SUNY Sullivan
112 College Road
Loch Sheldrake, NY 12759
Fax: (845) 434-0014
Website: 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 studentaid.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 2020 and Spring 2021 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 _____