



Office of Financial Aid

112 College Road
Loch Sheldrake, NY 12759
Email: finaid@sunysullivan.edu
Fax: (845)434-0014

TO: Financial Aid Office
SUBJECT: Request for Additional Federal PLUS Direct Loan 2023-2024

PLEASE PRINT. You must complete all information including ID#.

I, _____, wish to borrow an additional

“Federal Direct PLUS Loan” in the amount of \$_____.

Federal Direct PLUS Loans must be used for educational expenses.

Excess funds should be refunded to the:

_____ Parent _____ Student

_____	_____
Date	Borrower’s Signature
_____	_____
Student ID#	Student’s Name

OFFICE USE ONLY

_____ Disburse Dates #1 _____ #2 _____
Approved Amount

___ **Full Time** ___ **6 - 11 Credits**

___ **1st Yr Never Attended** ___ **1st Yr Returning** ___ **2nd Yr Returning**

Loan Period _____ **FA Initials** _____