



# Office of Financial Aid

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

Student ID#: \_\_\_\_\_

## 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 in ink and return to the Financial Aid Office. You must also complete and electronically sign a **Federal Direct Loan Master Promissory Note (MPN)** on-line [studentaid.gov](http://studentaid.gov)

### PARENT INFORMATION:

_____	_____	_____	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Parent's Last Name	Parent's First Name	Parent's M.I.	Parent's Social Security Number

_____	_____
Parent's Street Address (include apt no.)	Parent's Date of Birth

_____	_____	_____	_____
City	State	Zip Code	Parent's E-Mail Address

_____	_____
Parent's Home Phone Number (include area code)	Parent's Alternate or Cell Phone Number

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

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

### STUDENT INFORMATION:

_____	_____	_____	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Student's Last Name	Student's First Name	Student's M.I.	Student's Social Security Number

Relationship to Student: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Step-Parent	_____
	Student's Date of Birth

**PLUS Loans are certified for the academic year (Fall 2024 and Spring 2025 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

<b>OFFICE USE ONLY</b>			
Approved Amount _____	Date Approved/Denied _____	Loan Period _____	
Disbursement Dates #1 _____	#2 _____	FA Initials _____	