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 2024-2025	
PLEASE PRIN	Γ. You must complete all information including ID#.	
Ι,	, wish to borrow an additional	
"Federal Direct	PLUS Loan" in the amount of \$	
Federal Direct l	PLUS Loans must be used for educational expenses.	
Excess funds sh	ould be refunded to the:	
Parent	Student	
Date	Borrower's Signature	
Student	ID# Student's Name	
	OFFICE USE ONLY	
	Disburse Dates #1 #2	_
Approved Am	ount — — — — — — — — — — — — — — — — — — —	
	Full Time6 - 11 Credits	
1 st	Yr Never Attended 1 st Yr Returning 2 nd Yr Returning	
Loan Period	FA Initials	