



**Office of Financial Aid**

112 College Road  
Loch Sheldrake, NY 12759  
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Fax: (845)434-0014

**TO: Financial Aid Office**  
**SUBJECT: Request for Additional Federal PLUS Direct Loan 2025-2026**

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**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

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**OFFICE USE ONLY**

\_\_\_\_\_ Approved Amount

Disburse Dates #1 \_\_\_\_\_ #2 \_\_\_\_\_

\_\_\_ Full Time    \_\_\_ 6 - 11 Credits

\_\_\_ 1<sup>st</sup> Yr Never Attended    \_\_\_ 1<sup>st</sup> Yr Returning    \_\_\_ 2<sup>nd</sup> Yr Returning

Loan Period \_\_\_\_\_

FA Initials \_\_\_\_\_