

Student Name _____



Office of Financial Aid

100 West College Park Drive Douglas, GA 31533 (**Douglas**) Phone: 912-260-4282 (**Douglas**) Fax: 912-260-4455 (**Douglas Campus**) Email: finaid@sgsc.edu

FEDERAL DIRECT PARENT PLUS LOAN REQUEST FORM

ID# **988**-

| Dear Parent (s) of South Georgia S | State College Student: | | | | |
|--|---|--|---|---|---------------------------------|
| The Federal Direct Parent PLUS Lo (6 hours). Financial need is not a minus other aid received. Studen the Parent PLUS loan. | n eligibility requirement, but goo | d credit is required. | . Loan eligibility is | s based on Cost of Attend | ance |
| To apply for the PLUS loan a pare has been received and activated to approval a Master Promissory No | the parent should complete the o | credit check online a | at <u>www.studentlo</u> | oans.gov. Upon the credit | t check |
| Please submit the Federal Direct | PLUS loan Request Form, verific | ation of your credit | t check approval, | verification of your PLUS | i |
| Counseling and the first page of | your PLUS MPN to the Financial | Aid Office at SGSC. | Only one parent | will need to complete the | j |
| request form. To avoid delays in | processing, please provide accur | ate parent informat | ion. | | |
| Please provide | a copy of the parent's driver | license or photo I | D with the loan | request form. | |
| Parent's Name | Parent's Social Securi | Parent's Social Security # | | Parent's Date of Birth | |
| | | | | () | |
| Driver's License # | State of Issue | | Telephone # | | |
| Street | City | | State | Zip | |
| Citizenship Status | I am a US Citizen I am an eligible non-citizen an | id my alien registrat | ion # is | | |
| Have you ever defaulted on an ec | lucational loan?Yes | No | | | |
| Enter the requested amount for e | each semester: Fall \$ | Spring \$ | Summer \$ | | |
| Funds Disbursement Please note that these funds will be eloan back to the Federal Direct Loan I authorize the loan guarantor to obtacredit evaluation to South Georgia St credit determination is valid for 90 d authorize SGSC to allow the student of from the SGSC Dining Services and/or | Program. Ain a current copy of my credit repor ate College. Please consider a faxed ays. If there are loan proceeds availate use these proceeds to purchase be | t to make a prelimina copy of my signature able after the student' ooks and supplies in t | ry credit determina proper authorization 's bill for tuition and he SGSC bookstore | ation. I authorize the release on. I understand the prelimin d fees have been satisfied, I h and or to purchase a meal p | of my nary nereby olan |
| Signature | | ate | | | |

Please return completed request form, a copy of the 1st page of the MPN, a credit check approval confirmation and a Photo ID with your signature to Office of Financial Aid, South Georgia State College.