



Office of Financial Aid

100 West College Park Drive Douglas, GA 31533 (**Douglas**) Phone: 912-260-4200 (**Douglas**) Fax: 912-260-4455 (**Douglas Campus**)

Email: finaid@sgsc.edu

FEDERAL DIRECT PARENT PLUS LOAN REQUEST FORM

Student Name _____ ID# 988-____

| Dear Parent (s) of South Ge | eorgia State College Stud | lent: | | | | |
|--|--|---|---|---|---|--|
| The Federal Direct Parent F (6 hours). Financial need is minus other aid received. S the Parent PLUS loan. | not an eligibility require | ement, but goo | d credit is required. | Loan eligibility | is based on Cost | of Attendance |
| To apply for the PLUS loan do not already have one. Out at www.studentaid.gov . be completed by the same | Once the FSA User ID has Upon the credit check | been activated approval a N | l, the parent should | complete the Pa | arent Plus Loan A | pplication online |
| Please submit this Federal | Direct PLUS loan Reque | est Form, verific | ation of your credi | t check approva | l, verification of | your PLUS Credit |
| Counseling and the first p | age of your PLUS MPN | I to the Financ | ial Aid Office at So | SC. Only one p | parent will need | to complete the |
| request form. To avoid del | ays in processing, please | e provide accura | ate parent informat | ion. | | |
| Please pr | ovide a copy of the pa | arent's driver | license or photo I | D with the loa | n request form | |
| Parent's Name 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 Citize | | d my alien registrat | ion # is | | |
| Have you ever defaulted or | n an educational loan? | Yes | No | | | |
| Enter the requested amour | nt for each semester: | Fall | Spring | Summer | | |
| Federal PLUS Loan | | \$ | \$ | \$ | _ | |
| Funds Disbursement Please note that these funds v loan back to the Federal Direct If there are loan proceeds ava use these proceeds to purchas will be disbursed to the studes I authorize the Direct Loan Pro release of my credit evaluation | t Loan Program. ilable after the student's bise books and supplies in that to cover other education ogram to obtain a current of | ill for tuition and e SGSC bookstore nal expenses. copy of my credit | fees have been satisfi e, and pay for housing report to make a prel | ed, I hereby authors or meal plans. I a | orize SGSC to allow agree that any rem ermination and I a | the student to aining balance uthorize the |
| Signature | | | Date | | | _ |

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.